

# RIGHT-OF-WAY ANNUAL REGISTRATION FORM

Annual registration is required prior to applying for a ROW permit in accordance with Right-of-Way Management ordinance. Complete the information which applies to your business entity in the space provided. Completed registration form and attachments shall be returned to: **Grapevine Public Works Engineering Department**. Please call 817-410-3135 for questions regarding ROW registration or permits.

## COMPANY INFORMATION

Company's Legal Name (Owner of Facilities)

Address City State Zip

(Area Code) Telephone # 24-Hour Emergency Phone # Email Address

Contact Person 1 Title Phone # Email Address

Contact Person 2 Title Phone # Email Address

Is your Company authorized to do business in the State of Texas? (Please check one)  Yes  No

Name and Address of Registered Agent for Service of Process :

## ROW AUTHORIZATION

### Authorization to use the right-of-way (Please check one)

Franchise: Ordinance Number: \_\_\_\_\_ Date: \_\_\_\_\_

License: Ordinance Number: \_\_\_\_\_ Date: \_\_\_\_\_

### OR

State law authorization pursuant to: (Check as many as apply)

Utilities Code, chapter 66.  Local Government Code, chapter 283.  Local Government Code, chapter 284.

## ADDITIONAL INFORMATION

### By separate attachment please furnish the following:

Certificate of Insurance (refer to Right-of-Way Management ordinance for requirements)

Provide name, address, and phone number of subcontractors, and type(s) work to be performed by each.

Other: \_\_\_\_\_

**Completed registration form and attachments shall be returned to: City of Grapevine Public Works Eng. Dept.  
200 S. Main Street  
Grapevine, TX 76051**

# Right-of-Way Annual Registration Form

The undersigned authorizes the City of Grapevine to verify any and all information provided as determined necessary. In addition, the undersigned understands that failure to provide the requested information, or false information on this form or related attachments may result in disqualification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

### ACKNOWLEDGMENT

STATE OF TEXAS                    §  
COUNTY OF \_\_\_\_\_         §

BEFORE ME, the undersigned on this day personally appeared \_\_\_\_\_(Name), \_\_\_\_\_ (Title) and attested that she/he is authorized to sign on behalf of \_\_\_\_\_ Corporation. \_\_\_\_\_ and proved to me through the presentation of a valid Texas Driver's License to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that she/he executed the same for the purposes and consideration therein expressed. M\_. \_\_\_\_\_ furthermore attested that \_\_\_ is signing this document in \_\_\_ capacity as \_\_\_\_\_ for and on behalf of \_\_\_\_\_ Corporation, and that such capacity makes his signature valid and binding to \_\_\_\_\_ Corporation.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY OF PUBLIC,

My Commission Expires: \_\_\_\_\_

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public, in and for the State of Texas.

**Completed registration form and attachments shall be returned to:**  
**City of Grapevine Public Works Eng. Dept.**  
**200 S. Main Street**  
**Grapevine, TX 76051**

INTERNAL USE ONLY	
Date Received: _____	
<input type="checkbox"/> Complete	
<input type="checkbox"/> Bonds <input type="checkbox"/> Insurance <input type="checkbox"/> Map <input type="checkbox"/> Email Notification Sent _____	<input type="checkbox"/> Incomplete
	<input type="checkbox"/> Email Notification Sent _____