

**CITY OF OREGON
PUBLIC RIGHT OF WAY
SERVICE PROVIDER APPLICATION**

SERVICE PROVIDER NAME _____

LEGAL STATUS _____ FEDERAL TAX ID _____

ADDRESS _____ PHONE NO. _____

CITY, STATE, ZIP CODE _____

LOCAL CONTACT NAME _____ TITLE _____

LOCAL ADDRESS _____ PHONE NO. _____

CITY, STATE, ZIP CODE _____

EMAIL ADDRESS _____

24-HOUR EMERGENCY CONTACT NUMBER _____

Please check and attach all that apply:

- NEW SERVICE PROVIDER \$250 APPLICATION FEE (New Service Providers Only)
- EXISTING SERVICE PROVIDER
- INSURANCE CERTIFICATE(S) IN COMPLIANCE WITH 712.03(IV) (**REQUIRED**)
- CERTIFICATE OF AUTHORITY BY PUCO or OHIO DEPARTMENT OF COMMERCE
- ANY APPLICABLE PERMITS, LICENSES, TARIFFS, OR CERTIFICATES BY THE PUCO AND/OR FCC
- ANY ADDITIONAL AS REQUIRED PER OMC CHAPTER 712

Describe any proposed capital improvements planned in the twelve (12) months following the date of application, including construction schedule and completion date per OMC Chapter 712. Attach additional pages if necessary.

In consideration of the granting of permission for occupancy or use of the right-of-way of the City of Oregon, the above noted company agrees to abide by all rules and regulations of the City per Chapter 712 of the Oregon Municipal Code.

Signed _____

Date _____

Approved _____
City Administrator or Director of Public Service

Date _____