

**REGISTRATION FOR PLACING OR MAINTAINING TELECOMMUNICATION
OR OTHER FACILITIES IN PUBLIC RIGHTS-OF-WAY**

VILLAGE OF ROYAL PALM BEACH
1050 Royal Palm Beach Boulevard
Royal Palm Beach, Florida 33411
(561) 790-5100

All information must be printed or typed.

SUBMITTAL DATE: _____

REGISTRANT (Telecommunication/Utility Provider)	REGISTRANT'S PRIMARY CONTACT PERSON(S)
Name:	Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:

General description of services to be provided (e.g. local service, toll service or both types)

**INFORMATION REQUIRED BY SECTION 21.7-30.
OF THE VILLAGE CODE OF ORDINANCES:**

(Fee must be submitted with registration.)

Copy of FEDERAL AND/OR STATE CERTIFICATION as proof of authority to provide telecommunication		Evidence of INSURANCE COVERAGE naming Village as additional insured	
FLORIDA PSC CERTIFICATE NUMBER FOR INTEREXCHANGE TELECOMMUNICATION SERVICE (IXC)	# _____	FLORIDA PSC CERTIFICATE NUMBER FOR ALTERNATE LOCAL EXCHANGE TELECOMMUNICATION SERVICE (ALEC)	# _____
FLORIDA PSC CONSUMMATING ORDER(S) NO. PSC- _____ PSC- _____		Affidavit of agency stating name of person legally responsible for registration if other than person listed above	

Has Registrant applied for permit in conjunction with above registration? YES ____ NO ____

The Village of Royal Palm Beach has provided me with a copy of Ordinance No. 601 and any amendments thereto regarding Article II. Right-of-Way Regulations. as set forth at Chapter 21.7. of the Village Code of Ordinances. I acknowledge that Chapter 21.7., Article II. imposes certain indemnity, insurance coverage and other right-of-way requirements upon a telecommunications or utility provider desiring to use the public right-of-way. I also understand that registration under the provision of Article II. Right-of-Way Regulations. does not excuse Registrant from complying with all Village ordinances including Article II.

Signature on behalf of Registrant

Printed name, Title _____

THE STATE OF FLORIDA)
) ss:
COUNTY OF _____)

Before me personally appeared _____ who is personally known to me or who produced _____ as identification and who did/did not take an oath, and acknowledged before me is that he/she executed said instrument, for the purposes therein expressed.

Witness my hand and official seal this _____ day of _____, 2001.

(Seal)

NOTARY PUBLIC, State of Florida

DO NOT WRITE BELOW THIS LINE

FOR DEPARTMENTAL USE ONLY

ACCEPTED FOR REVIEW

Village Official: _____ Date: _____

Registration Application Fee (\$35.00) Paid: Yes _____ No _____

Has letter been sent to proposed Registrant regarding effectiveness or non-effectiveness of registration?
Yes _____ If yes, date sent _____ No _____