GARLAND RIGHT-OF-WAY MANGEMENT ORDINACE No. 5504 UTILITY COMPANY REGISTRATION FORM

UTILITY NAME:	Office Use Only
TYPE OF UTILITY:	Registration #
ADDRESS:	
	WORK PHONE:
CITY:	AFTER HOURS PHONE:
STATE & ZIP:	OFFICE FAX NUMBER:
CONTACT INFORM	ATION / LOCAL REPRESENTATIVE
1 ST CONTACT	2ND CONTACT
NAME:	NAME:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY:	CITY:
STATE & ZIP:	STATE & ZIP:
WORK PHONE:	WORK PHONE:
AFTER HOURS:	AFTER HOURS:
MOBILE PHONE:	MOBILE PHONE:
PAGER:	PAGER:
E-MAIL:	E-MAIL:
SIGNATURE:	DATE:
PRINTED NAME:	
PRINTED NAME:	

CITY APPROVAL:

DATE:____