

Communications Services Facility Provider Registration Form

Per Section 78-392 – Registration.

Registration required. Each communications services facility provider that desires to place, erect, construct, install, locate, maintain, repair, extend, expand, remove, or relocate any communications services facilities in, under, over or across any public right-of-way in the city shall be considered to be using the public rights-of-way and shall be required to register with the city in accordance with the terms of this section. Registration does not establish a right to place or maintain, or priority for the placement of, a communications facility in the rights-of-way.

Company Name: _____
(Name under which the company will transact business in the City and the State of Florida)

Business Address: _____ City: _____ ST: _____ Zip: _____
(Street address for the principal place of business in Florida, if not in Florida use Company's Headquarters)

Primary Contact Name: _____

Phone: _____ Email: _____

Emergency Contact Name: _____

Phone: _____ Email: _____

Registrant acknowledges they have received and reviewed a copy of this article: YES or NO

A copy of the Registrant's federal and/or state certification authorizing the registrant to provide communications services: YES or NO

A copy of Registrant's corporation, proof of authority to do business in the State of Florida: YES or NO

Does the Registrant pay communication services taxes to the city pursuant to F.S. chapter 202: YES or NO

Is the registrant a pass-through provider: YES or NO

I CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE TO OPERATE IN ACCORDANCE WITH ALL THE LAWS OF THE STATE OF FLORIDA AND THE LAWS AND ORDINANCES OF THE CITY OF WEST PALM BEACH. I ACKNOWLEDGE THAT THIS REGISTRATION EXPIRES EACH YEAR ON ????

Registrant Signature: _____ Date: _____

For Office Use Only

Registrant registration number: _____

Date Stamp: _____

Registered by: _____