

**TOWN OF MANGONIA PARK**  
**1755 East Tiffany Drive**  
**Mangonia Park, Florida 33407**  
**(561) 848-1235 FAX 561. 848-6940**

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

All information must be printed or typed.

**SUBMITTAL DATE:** \_\_\_\_\_

| <b>REGISTRANT<br/>(Telecommunication/Utility Provider)</b> | <b>REGISTRANT'S PRIMARY<br/>CONTACT PERSON(S)</b> |
|--|---|
| <b>Name:</b>   | <b>Name:</b>                                      |
| <b>Address:</b>  | <b>Address:</b>                                   |
| <b>Phone:</b>  | <b>Phone:</b>                                     |
| <b>Fax:</b>  | <b>Fax:</b>                                       |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INFORMATION REQUIRED BY SECTION 19.5-29.  
OF THE TOWN CODE OF ORDINANCES:**

|  |         |   |         |
|--|---------|---|---------|
| Copy of <b>FEDERAL AND/OR STATE CERTIFICATION</b> as proof of authority to provide telecommunication |         | Evidence of <b>INSURANCE COVERAGE</b> naming Town as additional insured   |         |
| <b>FLORIDA PSC CERTIFICATE NUMBER FOR INTEREXCHANGE TELECOMMUNICATION SERVICE (IXC)</b>              | # _____ | <b>FLORIDA PSC CERTIFICATE NUMBER FOR ALTERNATE LOCAL EXCHANGE TELECOMMUNICATION SERVICE (ALEC)</b>               | # _____ |
| <b>FLORIDA PSC CONSUMMATING ORDER(S) NO.</b><br>PSC- _____<br>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 Town of Mangonia Park has provided me with a copy of Ordinance No. 00-15 and any amendments thereto regarding Article III, Right-of-Way Regulations, as set forth at Chapter 19.5. of the Town Code of Ordinances. I acknowledge that Chapter 19.5., Article III, 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 III, Right-of-Way Regulations, does not excuse Registrant from complying with all Town ordinances including Article III.

\_\_\_\_\_  
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 \_\_\_\_\_, 200\_\_.

(Seal)

\_\_\_\_\_  
NOTARY PUBLIC, State of Florida

**DO NOT WRITE BELOW THIS LINE**

**FOR DEPARTMENTAL USE ONLY**

ACCEPTED FOR REVIEW

Town Official: \_\_\_\_\_ Date: \_\_\_\_\_

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