

STATE OF TEXAS LICENSED UTILITY COMPANY: _____

Contact Person	Phone #	Emai	I Address	
Applicant:				
Company Name		Applicant Name		
Phone #		Email Address		
		ude street names, termination ight-of-way/paving where utilit		
Anticipated Start Date:	<i>k</i>	Anticipated Completion Date	e: <u>·</u>	
		yes (attached)	no	
	anchise easemer	yes no nt approval? yes yes (attached)		
Applicant Signature	Date	City Approval	Date	
CITY NOTES:				
		TO BE INSTALLED IN ALL AREAS CONTROL. CALL ROCKWALL SE		

%. 7730) AND TEXAS811 (811) FOR UTILITY LOCATES PRIOR TO WORK. PLEASE NOTE THAT FRANCHISE UTILITY WORK DOES NOT RELIEVE THEM FROM VERIFYING THE EXISTENCE OF UTILITY EASEMENTS AVAILABLE.

* If the proposed work is in TXDOT ROW and a permit is required, the Contractor shall contact TXDOT 48 hours prior to beginning construction work. **