

# PROW Registration Application

City of Boone, Iowa

## **I. COMPANY INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

One – Call Registration Number: \_\_\_\_\_

## **II. LOCAL REPRESENTATIVE (Contact Person):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

\_\_\_\_\_  
I, the undersigned, have read, understand the requirements of the City of Boone’s Public Right of Way Ordinance, and have received a copy of the Public Right of Way Information Sheet. I also understand that the entire ordinance is available upon request. I hereby certify that the information provided above is correct and current and will notify the PROW Administrator of any changes.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## **FOR OFFICE USE ONLY:**

PROW Registration#: \_\_\_\_\_

Certificate of Insurance:                      YES              NO

Iowa Utility Board Certificate:              YES              NO

\_\_\_\_\_  
PROW Administrator

\_\_\_\_\_  
Date