***To be completed annually by June 1, or as required due to contact information changes.***

**Submit via email to** poleattachments@btutilities.com**. Email Subject Line: Registration & Annual Reporting Form.**

**Date Form Submitted to BTU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Licensee General Information |
| Licensee Name |  |
| Corporate Address |  |
| Local Address |  |
| Form Submitted by |  |
| Telephone Number |  |
| Email  |  |
|  |  |
| Does This Entity Hold a Certificate from the Public Utility Commission of Texas? | **Y / N** |
| If Yes, Indicate Certificate Number and Date Received |  |
|  |  |
| Has This Entity Been Granted a Franchise, Licensee Agreement, Permit, or Ordinance by the City of Bryan?  | **Y / N** |
| If Yes, Indicate Certificate Number and Date Received |  |
| Has This Entity Been Granted a Franchise, Licensee Agreement, Permit, or Ordinance by a Suburban City in the BTU Service Area?  | **Y / N** |
| If Yes, Indicate City, Certificate Number and Date Received |  |
|  |  |
| Is This Entity an Infrastructure Provider as Defined by the Standards? | **Y / N** |
| If Yes, Please Identify All Infrastructure Provider Sublicensees Under Contract |  |
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| Licensee Contact for Contract/Legal Notices (Primary Contact) |
| Contact Name |  |
| Title |  |
| Address |  |
| Telephone |  |
| Email |  |
| Fax |  |
|  |  |
| Licensee Contact for BTU Insurance Notices |
| Contact Name |  |
| Title |  |
| Address |  |
| Telephone |  |
| Email |  |
| Fax |  |
|  |  |
| **Licensee Contact for Annual Billing/Invoicing/Rental Payments** |
| Contact Name |  |
| Title |  |
| Address |  |
| Telephone |  |
| Email |  |
| Fax |  |

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| --- |
| Licensee Contact for Attachment Transfer Notices |
| Contact Name |  |
| Title |  |
| Address |  |
| Telephone |  |
| Email |  |
| Fax |  |
|  |  |
| **Licensee Contact for Make-Ready Invoicing** |
| Contact Name |  |
| Title |  |
| Address |  |
| Telephone |  |
| Email |  |
| Fax |  |
|  |  |
| **Licensee Contact for Emergency / Damaged Plant / Network Operations Center** |
| Contact Name |  |
| Title |  |
| Address |  |
| Telephone |  |
| Email |  |
| Fax |  |
|  |  |
| **Licensee Other Contact** |
| Contact Purpose |  |
| Contact Name |  |
| Title |  |
| Address |  |
| Telephone |  |
| Email |  |
| Fax |  |

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| **Licensee Contact for Dispute Escalation** |
| First Level ContactName |  |
| Title |  |
| Address |  |
| Telephone |  |
| Email |  |
| Fax |  |
|  |  |
| Second Level ContactName |  |
| Title |  |
| Address |  |
| Telephone |  |
| Email |  |
| Fax |  |
|  |  |
| Third Level ContactName |  |
| Title |  |
| Address |  |
| Telephone |  |
| Email |  |
| Fax |  |

***Add rows in table as necessary***

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| **New Attachment List** |
|  |  |  |
| **BTU Pole Number** | **Description of Attachment, Overlash, or Wireless Installation** | **Approximate Date of Unpermitted Attachment** |
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| **Non-Functional List** |
|  |  |  |
| **BTU Pole Number** | **Description of Attachment, Overlash, or Wireless Installation** | **Approximate Surrender Date** |
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| **Removed Equipment List** |
|  |  |  |  |
| **BTU Pole Number** | **Description of Attachment, Overlash, or Wireless Installation** | **Approximate Removal Date** |
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| **Additional Remarks (attach additional documents as necessary)** |
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| For BTU Use Only |
| Date Received by BTU |  |
| By |  |
| Printed Name |  |
| Title |  |
| Date |  |