

# TELECOMMUNICATIONS FRANCHISE APPLICATION

CITY OF ROSEBURG  
900 SE DOUGLAS, ROSEBURG, OR 97470  
Original Application Review Fee: \$200.00

DATE RECEIVED: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Legal Status (e.g. partnership, corporation) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Telephone # \_\_\_\_\_ EMAIL: \_\_\_\_\_

Name, address and telephone number of duly authorized officer, agent or employee responsible for accuracy of information and to be contacted in case of an emergency:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ EMAIL: \_\_\_\_\_

Applicant is the following type of telecommunications provider:

\_\_\_\_ Carrier per ORS 133.721(8)      \_\_\_\_ Private Communications Network  
\_\_\_\_ Non-Carrier *with* City Customers      \_\_\_\_ Non-Carrier *without* City Customers

Does applicant currently have a franchise with the City?      \_\_\_\_ yes      \_\_\_\_ no

Describe the type of telecommunication services to be offered or provided by the applicant to customers in the City and the type and location (include map) of facilities (if any) the applicant currently owns or leases within the City. If a Private Communications Network or Non-Carrier *without* City Customers, include the number of linear feet of right-of-way occupied (if any) by applicant's facilities:

Describe the general types and locations of telecommunications facilities (include map) the applicant intends to construct within the City (if any) within two years of obtaining a franchise:

Type of customers applicant will serve in the City:      \_\_\_\_ End Users      \_\_\_\_ Other Telecommunications Providers

What area of the City does the applicant desire to serve? \_\_\_\_\_

**Note:** IF provider owns facilities in the City of Roseburg's right-of-way, a preliminary construction schedule for build-out to the entire franchise area may be requested. The City may require engineering plans, specifications and a network map of applicant's facilities to be provided in electronic form readable by City computers, or may specify another format.

**STATEMENT OF COMPLIANCE:** By signing and submitting this application, I hereby certify that the foregoing information is true and correct; I have received a copy of Roseburg Municipal Code Chapter 9.25 concerning telecommunications providers, have read and understand the same and agree to fully comply with all terms and conditions set forth therein, including, but not limited to, providing an annual update of the information herein provided. Proof is attached that the appropriate license from the Oregon Public Utility Commission (PUC) or the Federal Communications Commission (FCC) has been obtained.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only** Original Application Review Fee Amount \$200.00      Receipt # \_\_\_\_\_  
APPLICANT HAS MET THE REQUIREMENTS FOR A TELECOMMUNICATIONS PROVIDERS FRANCHISE PURSUANT TO  
RMC CHAPTER 9.25      FRANCHISE APPROVED BY COUNCIL: \_\_\_\_\_      ORDINANCE # \_\_\_\_\_  
ORD. EFFECTIVE DATE: \_\_\_\_\_      ACCEPTED BY APPLICANT: \_\_\_\_\_      TERM: \_\_\_\_\_

Signed: \_\_\_\_\_

CITY RECORDER