

## APPLICATION FORM TELECOMMUNICATION EASEMENT CONTRACT

## Easement Type:

Attach this completed application ULRW@utsystem.edu. Please CC t		efile and PD	F plat, in one email and addres	sed to
Application Date:	Effectiv	ve Date of C	ontract:	
			(Always 1st day of the Mo	
Company Number:				
Lessee (Company Name) on Contra	ct:			
Lessee Contact Person:				
Lessee Address:				
Lessee City, State, Zip:				
Mail executed agreement to this ac	dress? Yes:	No,	call when ready for pickup:	
No, email when rea	dy for pickup:		No, mail to third party:	
Lessee E-Mail:				
Lessee Telephone #:		Lessee Ce	ell #:	
Site approved by University Lands F	ield Representative:	Yes:	No:	
University Lands Field Rep Name: _			Date:	
Attach the following electronic surv	ey files to this applica	tion form:		
b. Include a numeric attribute fiel i.e. 1, 2, 3	b, containing the following d named {LineNumber}, po e record for each distinct lir	requisite files a pulated with t	Plat and adhering to the following: at a minimum (.shp, .shx, .dbf, & .prj) he associated line number in the appli- cation, with associated lengths. Do not	
PLEASE PAY UPON RECEIPT OF THE	EMAILED INVOICE.			
*Third Party:				
Company Name:				
Contact Name:				
Mail Executed Contract To:				
Contact #:	Email:			



## APPLICATION FORM TELECOMMUNICATION EASEMENT CONTRACT

Customers	Construction Type	Placement	Use	Length (Rods)

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