



City of Medina  
Department of Public Works  
2052 County Road 24  
Medina, MN 55340

phone: 763-473-4643 / fax: 763-473-9359  
www.medinamn.gov

## ANNUAL RIGHT-OF-WAY USER REGISTRATION FORM

Date: \_\_\_\_\_

Fee: \$100.00/year (starting in 2019)

1. Registrant's Name: \_\_\_\_\_
2. Registrant's Address: \_\_\_\_\_  
\_\_\_\_\_
3. E-Mail Address: \_\_\_\_\_
4. Business Phone Number: \_\_\_\_\_
5. Emergency Phone Number: \_\_\_\_\_
6. Facsimile Number: \_\_\_\_\_
7. Gopher One-Call Registration Certificate Number: \_\_\_\_\_
8. Local Representative (24-hour contact) Information:
  - a. Name: \_\_\_\_\_
  - b. Business Phone Number: \_\_\_\_\_
  - c. Emergency Phone Number: \_\_\_\_\_
  - d. Pager Number: \_\_\_\_\_
9. Certificate of Insurance or Self-Insurance: (See back for details and amounts)
  - a. Name of Insurance Company: \_\_\_\_\_
  - b. Policy Number: \_\_\_\_\_
  - c. General Liability: \_\_\_\_\_
  - d. Comprehensive: \_\_\_\_\_
  - e. Worker's Compensation: \_\_\_\_\_
  - f. City Additional Insured: \_\_\_\_\_
10. Performance Bond - \$50,000: \_\_\_\_\_
11. Acknowledgement of Indemnification for the City of Medina: Yes \_\_\_\_\_ No \_\_\_\_\_
12. Franchise Agreement: Yes \_\_\_\_\_ No \_\_\_\_\_
13. Certificate of Authority from MN P.U.C. (Telecommunications Providers Only)

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

Title: \_\_\_\_\_

City of Medina Authorized Representative

Signature: \_\_\_\_\_

Date: \_\_\_\_\_