



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

763-473-4643 / 763-473-9359
www.medinamn.gov

ANNUAL RIGHT-OF-WAY USER REGISTRATION FORM

Date: _____

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: _____