



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

REGISTRATION FEE = \$100.00 (PER YEAR)

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: _____
Name: _____
Business Phone Number: _____
Emergency Phone Number: _____
Pager Number: _____
9. Certificate of Insurance or Self-Insurance: _____
Name of Insurance Company: _____
Policy Number: _____
General Liability: _____
Comprehensive: _____
Worker's Compensation: _____
City Additional Insured: _____
10. **Required:** Performance Bond of \$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: _____