



**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)
14. Registration Fee: Send Invoice \_\_\_ Send Link to pay online \_\_\_ Check is Attached \_\_\_

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

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

City of Medina Authorized Representative

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

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