

## REGISTRATION FORM

(submit annually)

### Registration Type

Please check whether you are the Owner of the facilities or equipment placed in the ROW or a Contractor wishing to work in the ROW. If other, please explain in next section.

<input type="checkbox"/> Equipment Owner	New applicant or update
<input type="checkbox"/> Contractor	
<input type="checkbox"/> Other (Explain)	
	<input type="checkbox"/> Update <input type="checkbox"/> New

### Registration Information

Name: \_\_\_\_\_ If you checked other in Registration Type, please explain below:  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ Cell No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_

### Signature of Applicant

Signature of person completing form

### Local Representative

Local Contact Person that can Speak for Company and is authorized to accept official notice from the City of Red Wing and act as agent for the Registrant.

Name: _____	Phone No. _____
Address: _____	Cell No. _____
City: _____ State: _____ Zip Code: _____	Fax No. _____
	E-Mail Address: _____

### Required Information

Gopher One-Call Registration Certificate No. \_\_\_\_\_

- Attach Certificate of Insurance (see Section 14.07 of City Code)
- Attach Secretary of State Certificate of Incorporation (if applicable)
- Attach MN Public Utilities Commission Certificate of Authority (if applicable)

### Office Use Only

Date Received: _____	Registration No. Assigned _____
Date Approved: _____	Registered by Whom: _____