



City of Medina
Department of Public Works
600 Clydesdale Trail
Medina, MN 55340
Phone: 763-473-8852
Fax: 763-473-9359
www.medinamn.gov

ANNUAL RIGHT-OF-WAY USER REGISTRATION FORM

REGISTRATION FEE = \$150.00 (PER YEAR)

Date of Application: _____

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. Acknowledgement of receipt of Minnesota State Statute 216D.03 to 216D.07: Yes ___ No ___
13. Franchise Agreement: Yes ___ No ___
14. Certificate of Authority from MN P.U.C. (Telecommunications Providers Only)
15. Registration Fee: Send Link to pay online Check Attached/to be mailed ___

Authorized Signature: _____

Title: _____

City of Medina Authorized Representative

Signature: _____ Date: _____