



FOR OFFICE USE ONLY	
Registration Year:	
City ID No.	

ANNUAL RIGHT-OF-WAY REGISTRATION

REGISTRATION FOR OCCUPANCY OF CITY OF AITKIN RIGHT-OF-WAYS

In accordance with the City of Aitkin Right-of-Way Ordinance all owners of facilities along with contractors and subcontractors who install, maintain, operate facilities or perform work within the City of Aitkin's Right-of-Way are required to register with the City annually.

TYPE OF REGISTRATION					
<input type="checkbox"/> New			<input type="checkbox"/> Renewing or updating information		
<input type="checkbox"/> Facility Owner <small>(Check all facility types that apply below)</small>		<input type="checkbox"/> Contractor		<input type="checkbox"/> Other:	
FACILITY TYPE					
Type(s) of facility owned, operated or installed. Check all that apply.					
<input type="checkbox"/> Gas	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Cable	<input type="checkbox"/> Wireless	<input type="checkbox"/> Electric	<input type="checkbox"/> Fiber
<input type="checkbox"/> Other:					
COMPANY INFORMATION					
Company Name				Gopher State One Call ID#	
Street Address			City	State	Zip
Phone		E-mail			
LOCAL CONTACT INFORMATION					
Local Contact Name		Office Phone		Cell Phone	
Street Address			City	State	Zip
Fax		E-mail			
24-HOUR EMERGENCY CONTACT INFORMATION					
Contact Name		Phone		Alternate Phone	

DOCUMENTS TO SUBMIT

- INSURANCE:** A Certificate of Insurance naming the City of Aitkin as **additional insured** shall be attached to this registration form. The certificate of insurance shall include ALL of the following:
- | | |
|---|---|
| <input type="checkbox"/> Comprehensive Liability Coverage | <input type="checkbox"/> Umbrella Policy |
| <input type="checkbox"/> Auto Liability Coverage | <input type="checkbox"/> 30 Day Cancellation Notice to the City |
| <input type="checkbox"/> Worker’s Compensation Coverage | |
- PROOF OF INCORPORATION**
- CERTIFICATE OF AUTHORITY FROM PUBLIC UTILITIES COMMISSION**

ACKNOWLEDGMENT AND SIGNATURE

The undersigned hereby represents upon all of the law, for the purpose of including the City of Aitkin to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Aitkin and the State of Minnesota. The undersigned also acknowledges he/she has reviewed and understand the requirements of the City of Aitkin Code regarding right-of-way management.

Authorized Representative Printed Name:	Title:
Authorized Representative Signature:	Date: