

# MORRISON COUNTY DEPARTMENT OF PUBLIC WORKS

213 FIRST AVENUE SOUTHEAST

LITTLE FALLS, MINNESOTA

(320) 632-0121

## RIGHT-OF-WAY ORDINANCE REGISTRATION FORM

### REGISTRATION TYPE

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

Facility Owner       Contractor       Other (Explain)

Update       New

### REGISTRANT INFORMATION

(Company Information)

NAME: \_\_\_\_\_

If you checked other in Registration Type,  
please explain below:  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

FAX NO: ( ) \_\_\_\_\_

### GOPHER ONE CALL INFORMATION (if applicable)

Registration Number: \_\_\_\_\_ ID Number (If Contractor): \_\_\_\_\_

### LOCAL REPRESENTATIVE

Local Contact Person that can Speak for the Company that is authorized to accept official notices from the County and act as agent for the Registrant.

NAME: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX NO: ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### 24 HOUR EMERGENCY CONTACT INFORMATION

NAME	PHONE NO.	PAGER	FAX NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### CERTIFICATES AND LICENSES

Please attach copies of certificates as required for registration:

1. Certificate of Insurance, including listing Morrison County as additional insured when working on county right of way
2. Certificate of Incorporation (if incorporated)

### FOR OFFICE USE ONLY

Date Approved: \_\_\_\_\_ Registered by Whom: \_\_\_\_\_

Emergency County Contact:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_