



**CITY OF GRANT
RIGHT-OF-WAY REGISTRATION FORM**

Registration required prior to any Right -Of-Way work per City Code Chapter 28.

COMPANY NAME: _____

ADDRESS: _____

PHONE _____ EMAIL: _____

LOCAL REPRESENTATIVE

NAME: _____

ADDRESS: _____

PHONE _____ EMAIL: _____

GOPHER ONE-CALL REGISTRATION # : _____

INSURANCE

Attach certificate per §28-57.

AUTHORIZATION

Provide authorization to operate in Minnesota and Right-Of-Way.

APPLICANT:

COMPANY NAME

AUTHORIZED SIGNATURE

REGISTRATION APPROVED: _____

DATE: _____

CITY ENGINEER