RIGHT–OF–WAY USER REGISTRATION FORM

ENGINEERING DIVISION
(763) 509-5500

Registrant's Name: _____

Second (aka) Name: _____

Registrant's Address: _____

E-Mail Address: _____

Business Phone Number: _____

Emergency Phone Number: _____

Fax Number: _____

Local Representative (24-hour contact) Information:

Name: _____

Business Phone Number: _____

Emergency Phone Number: _____

A current Certificate of Insurance or Self-Insurance that meet City of Plymouth requirements must be attached.

One-time $140.00 registration fee, to be paid online.

By registering as a Right-of-Way user, the user agrees: (1) to abide by the permit terms and the City's Right-of-Way Ordinance, (2) to pay all applicable fees and provide any required insurance, and (3) to indemnify and hold harmless the City, its officials, employees and agents from any liability, claim or damage including reasonable attorney's fees arising out of the Permittee's actions or inaction undertaken pursuant to the permit.

Authorized Signature:_____ Date: _____

Title:_____