

BELTRAMI COUNTY DEPARTMENT OF PUBLIC WORKS

2491 ADAMS AVENUE NORTHWEST

BEMIDJI, MINNESOTA

(218) 333-8173

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.		<input type="checkbox"/> Facility Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other (Explain)	Are you a new applicant or updating information? <input type="checkbox"/> Update <input type="checkbox"/> 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 Beltrami 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: _____	
Name: _____		Emergency County Contact: Name: _____	
PHONE: () _____		PHONE: () _____	