Right of Way Registration Application

Public Right-of-Way Users

☐ New Applicant
☐ Update of Information

Company Name: _____

Representative's Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ 24 Hour Emergency Phone Number: _____

Gopher State One Call Registration Certificate Number: _____

Name of Insurance Carrier: _____ Policy Number: _____

*City of Minnetonka must be listed as additional insured and coverage must meet those required in ordinance.

Local Representatives (list all other representatives who may apply for permits):

Name: _____ Title: _____

Mobile Number: _____ E-Mail Address _____

Name: _____ Title: _____

Mobile Number: _____ E-Mail Address _____

Name: _____ Title: _____

Mobile Number: _____ E-Mail Address _____

I hereby agree to the following:

(1) Follow all the terms set forth in Minnetonka's right-of-way ordinance. By signing this, applicant certifies that they have read and understand the right-of-way ordinance.
(2) Notify the City of any changes to this form.
(3) Issuance of a public right-of-way permit does not impose any liability on the city for a) injuries to persons, damage to property or loss of service claims by parties other than the permittee or the city, or b) claims or penalties resulting from the installation, presence, maintenance or operation of facilities by registrants or permittees or activities of registrants or permittees.

Authorized Signature: _____ Date: _____

Title: _____