

# Wright County Highway Department

1901 Highway 25 North  
Buffalo, MN. 55313

Phone: (763)682-7706  
Permit Office

Fax(763)682-7313

## RIGHT-OF-WAY OCCUPANCY REGISTRATION FORM

### Registration Type

Type of Utility \_\_\_\_\_  
(gas, electric, telephone, cable tv, water, sewer)  
Government Entity (yes or no) \_\_\_\_\_ Other \_\_\_\_\_ If other, explain below  
\_\_\_\_\_

Type of Registration \_\_\_\_\_ New  
\_\_\_\_\_ Update  
\_\_\_\_\_ Annual  
For Year \_\_\_\_\_

### REGISTRANT INFORMATION (Company/Government Entity Information)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone No. (\_\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_\_) \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Date: \_\_\_\_\_

*By registering, we agree to abide by the Wright County Right-of-Way Ordinance -* \_\_\_\_\_  
Signature of Authorized Representative

### One Call Information (If Applicable)

Registration Number: (i.e. Gopher State One Call Terminal Code)

### LOCAL REPRESENTATIVE

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

Name \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax No. (\_\_\_\_\_) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### 24 HOUR EMERGENCY CONTACT INFORMATION

Name	Phone Number	Pager	Fax Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### BONDS. CERTIFICATES. LICENSES. ETC.

Please attached copies of Bonds, Certificates and Licenses as required, by Wright County for registration:

1. Certificate of Insurance
2. Certificate of Incorporation (if incorporated)
3. Certificate of Authority from Minnesota Public Utilities
4. \$10,000.00 Continuous Surety Bond for maintenance of existing utilities
5. Project Bond per Wright County requirements

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Registration Number Assigned: \_\_\_\_\_ Regular Registration Fee \$40.00\_\_\_\_  
City or Town Reg. Fee \$ 0.00\_\_\_\_  
Date Approved: \_\_\_\_\_ Registered by Whom: \_\_\_\_\_

Official County Contact: \_\_\_\_\_ Emergency County Contact: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_