



City of Montrose
 311 Buffalo Ave S
 PO Box 25
 Montrose, MN 55363
 763-575-7422
 763-675-3032 (fax)
www.montrose-mn.com

REGISTRATION FOR OCCUPANCY OF CITY OF MONTROSE RIGHT OF WAYS

In accordance with City of Montrose Code Chapter 54: Right of Way Management all owners of facilities along with contractors and subcontractors who install, maintain or operate facilities located within the City of Montrose Right of Ways are required to register with the City.

Registrant Name _____ Gopher State one call ID # _____
 Company Name _____
 Address _____
 E-Mail Address _____
 Telephone (____) _____ Fax (____) _____

Local Contact Name _____ Gopher State one call ID # _____
 Address _____
 E-Mail Address _____
 Telephone (____) _____ Fax (____) _____
 24 Hour Emergency Contact: Name _____ Telephone (____) _____

Type(s) of facility owned, operated or installed? Check all that apply.
 Gas__ Telephone__ Cable TV__ Electric__ Fiber Optic__ Sanitary Sewer__ Storm Sewer__ Water__
 Other (specify) _____

Certificate of Insurance or Self Insurance
 Please attach a Certificate of Insurance in compliance with City, Code 54.06 Subd. A3. City of Montrose and Bolton & Menk, Inc. shall be listed as additional insureds.

If you are a Corporation.
 Please attach a copy of the Certificate of a Corporation you filed for record with the Secretary of State.

Facility Owners.
 Please provide documentation of legal right and authority to locate in and use the right of way as granted by the Public Utilities Commission or other State or Federal agency or a statement clarifying your legal right.

Contractor/Subcontractors List.

Name	Phone Number	Work Performed

Service Area Map.
 Please attach a map showing the current service area in and adjacent to the City of Montrose area for the utility that you are registering for.

Notice of Changes.
 You are required to keep the City of Montrose informed of all changes within 15 days following the date on which the registrant has knowledge of any change. The City of Montrose must be notified 30 days in advance of cancellation of the Certificate of Insurance policy or material modification of a coverage term.

Application Status. New _____ Update _____

Registration Fee \$25.00 – Please include a check made payable to the City of Montrose for the Fee.

Signature _____ **Date** _____