

\$100 each year

CITY OF TWO HARBORS  
522 1<sup>ST</sup> AVENUE  
TWO HARBORS, MN 55816  
PHONE (218) 834-5631/FAX (218) 834-2674

**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.

Owner  
 Contractor

Other (Explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REGISTRANT INFORMATION  
(Company information)**

If you checked other in Registration Type, please explain below:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

**ONE CALL INFORMATION  
(If Applicable)**

Registration Number: \_\_\_\_\_ ID Number (If Contractor): \_\_\_\_\_

**LOCAL REPRESENTATIVE**

Local Contact Person that can speak for Company that is authorized to accept official notices from the City and act as agent for the Registrant.

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ Fax No. \_\_\_\_\_  
\_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**24 HOUR EMERGENCY CONTACT INFORMATION**

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

**CERTIFICATES AND LICENSES**

Please attach copies of certificates and licenses as required for registration:

- |  |   |
|--|---|
| 1. Certificate of Insurance or Self-Insurance and Required Endorsements      | 4. "As Built" Maps of Existing Facilities |
| 2. Certificate of Incorporation (if incorporated) or Organization (if a LLC) | 5. Minnesota Contractors License          |
| 3. Certificate of Authority from Minnesota Public Utilities                  | 6. Major Maintenance Plan                 |

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Registration Number Assigned: \_\_\_\_\_

Dated Approved: \_\_\_\_\_ Registered by Whom: \_\_\_\_\_

Official City Contact: \_\_\_\_\_ Emergency City Contact: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_