

# City of Hugo Public Works Department

14669 Fitzgerald Ave N; Hugo MN 55038

Phone: (651) 762-6316 Fax: (651) 762-6374

## **RIGHT OF WAY USERS REGISTRATION FORM**

Address:			
City:		State:	Zip:
Office Phone:		Office Fax:	
Local Representatives: minimum two contacts			
Name	Phone	Cell	Fax
Insurance Carrier:			
Policy Number:		Limits of Coverage: (Attach Certificate of insurance or Self Insurance)	
Public Utilities Commission Certification? Yes ___ No ___ (If yes attach copy of certificate of Authority)			
<p>The Applicant hereby certifies that the above information is correct and agrees to notify the City of Hugo within fifteen days of any changes. The applicant certifies that the City of Hugo, its elected and appointed officials, officers, employees, and agents are named as additionally insured parties in all applicable insurance policies. The applicant agrees to comply with the City of Hugo Right of Way Ordinance and with all applicable federal, state, county, municipal laws, statues, and ordinances that may apply.</p>			
Name: _____ (Name of Representative)			
Title: _____			
Signature: _____		Date: ____/____/____	
<b><u>Registration Must Be Renewed By December 1<sup>st</sup> Of Each Year</u></b> <b><u>Annual Registration Fee \$30.00</u></b>			