



City Of Wyoming - Department Of Building Safety

26885 Forest Blvd, PO Box 188

Wyoming, MN 55092

Phone (651) 462-4947

permits@wyomingmn.org

### RIGHT-OF-WAY USER REGISTRATION FORM

**Applicant Info:** Name \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_ Emergency 24 Hr Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Gopher One Call Registration Certification # \_\_\_\_\_

**Local Representative (24 Hour Contact) Information:**

Name \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Emergency 24 Hr Phone \_\_\_\_\_

**Provide Proof of Insurance or Self Insurance:**

- Provide Certificate of Liability Insurance
  - Needs to state:
    - Name Of Insurance Company
    - Policy Number
    - General Liability Amount
    - Comprehensive Amount
    - Worker’s Compensation

By accepting this Right Of Way permit, the applicant agrees to 1) Abide by the permit terms and the City’s Right Of Way ordinance, 2) Pay all applicable fees and provide any required insurance, and 3) Indemnify and hold harmless the City, its officials, employees and agents from any liability, claim or damage including reasonable attorney’s fees arising out of the applicant’s actions or inaction undertaken pursuant to the permit. **Submit registration form and liability insurance with payment to City of Wyoming for \$140.00.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Title: \_\_\_\_\_

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OFFICE USE ONLY

Approved / Disapproved By: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Comments: \_\_\_\_\_

Registration # \_\_\_\_\_