

**CITY OF SHAKOPEE  
REGISTRATION FOR WORK IN  
CITY RIGHT-OF-WAY AND EASEMENT AREAS**

Date: \_\_\_\_\_

1. One copy of a Certificate of Insurance listing the City of Shakopee as an additional insured party must be submitted with the registration form.
2. Pursuant to City of Shakopee Ordinance No. 570, Regulation of Public Right-of-Way, a Registration Fee of \$65.00 must be paid at time of registration.

Registrant's Name: \_\_\_\_\_  
Company, Organization, or Individuals Name or Identity

Address: \_\_\_\_\_  
Street Number / Name City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Gopher State One-Call Registration ID Number: \_\_\_\_\_

3. In case of an emergency, your local representative is required be accessible for consultation at all times, please provide the following information:

Local Representative: \_\_\_\_\_  
Individuals Name or Identity and Title

Address: \_\_\_\_\_  
Street Number / Name City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature Date

<b>City of Shakopee use only</b>	
_____ Right-Of-Way Technician Signature	_____ Approval Date