

CITY OF ZUMBROTA- DEPARTMENT OF PUBLIC WORKS

175 West Avenue, Zumbrota, MN. 55992  
Phone 507.732.7318 Fax 507.732.7884

REGISTRATION FORM

(submit annually)

Registration Type

Please check whether you will be the Owner of \_\_\_\_\_ Equipment Owner Are you a new application or  
the equipment placed in the ROW or the \_\_\_\_\_ Contractor updating information?  
Contractor wishing to work in the ROW. If \_\_\_\_\_ Other (Explain) \_\_\_\_\_  
other, please explain in next section. Update New

REGISTRANT INFORMATION  
(Company Information)

Name: \_\_\_\_\_ If you checked other in Registration Type, please explain below:  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ Cell No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_

Signature of Applicant

Signature of person completing form

LOCAL REPRESENTATIVE

Local Contact Person that can Speak for Company that is authorized to accept official notice from the City and  
act as agent for the Registrant.  
Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_ Cell No. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

24 HOUR EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Phone/Cell Number: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUIRED DOCUMENTS FOR REGISTRATION

Please attach copies of documents listed below, required for registration processing:  
1. Certificate of Insurance 2. \$25.00 registration fee

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Registration Number Assigned \_\_\_\_\_  
Date Approved: \_\_\_\_\_ Registered by Whom: \_\_\_\_\_