

CITY OF ELKO NEW MARKET

601 MAIN STREET, PO BOX 99
ELKO NEW MARKET, MN 55020
(952) 461-2777 Fax (952) 461-2782

RIGHT-OF-WAY (ROW)

REGISTRATION INFORMATION

Company/Registrant's Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Gopher State One-Call Registration ID Number: _____

The local representative shall be accessible for consultation at all times.

In case of emergency, please provide the following information:

Local Representative:

Address: _____

Phone Number: _____ Alternative Phone Number: _____

Emergency Contact (24/7): _____

Phone Number: _____

Email Address: _____

A Certificate of Insurance is required in order to obtain a permit for work in the ROW
(Right-of-Way)