



City of West Fargo
Right-of-Way User Registration Form

Public Works Department
810 12th Ave. NW, West Fargo, ND 58078
Phone: (701) 433 - 5400 Fax: (701) 433 - 5419

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

Registrant's Name: \_\_\_\_\_

Registrant's Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

North Dakota One Call Registration Number: \_\_\_\_\_

Local Representative (24-hour contact) Information: \_\_\_\_\_

- Name: \_\_\_\_\_
Business Phone Number: \_\_\_\_\_
Emergency Phone Number: \_\_\_\_\_
Pager Number: \_\_\_\_\_
E-Mail Address: \_\_\_\_\_
Address: \_\_\_\_\_

Certificate of Insurance or Self-Insurance (shall name City as an additional insured)

- Name of Insurance: \_\_\_\_\_
Policy Number: \_\_\_\_\_

Franchise Agreement: Yes [ ] No [ ]

I agree to indemnify and hold harmless City of West Fargo and its staff for any third-party claims which may arise from the use of the right of way/city property.

Registrants Signature: \_\_\_\_\_

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

City of West Fargo Authorized Representative: \_\_\_\_\_

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