



500 CENTER AVENUE, BOX 779, MOORHEAD, MINNESOTA 56560  
ENGINEERING DEPARTMENT (218) 299-5390

## EXCAVATOR/UTILITY REGISTRATION

COMPANY NAME \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Business Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Office Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Emergency Contact Name \_\_\_\_\_

Cell # \_\_\_\_\_ Pager # \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

Gopher One-Call Registration Certificate # \_\_\_\_\_

*I, as my company's primary contact, have reviewed Plates 1 – 3, and understand that work must be completed in accordance with these Plates and that Base and Final inspections must be called for.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(For office use only)

\_\_\_\_\_ Completed Grading/Erosion Control Application/Permit - Utility Construction (Excavation)

\_\_\_\_\_ \$25,000 Bond    Bond Expiration Date: \_\_\_\_\_

\_\_\_\_\_ Certificate of Liability Insurance showing City of Moorhead as an additional insured