



**PUBLIC WORKS**

Wayne Sandberg, P.E., Director, County Engineer  
Frank D. Ticknor, P.E., Deputy Director

**REGISTRATION FOR RIGHT OF WAY OCCUPANCY**

Send completed form to:

[Jennifer.Oehler@co.washington.mn.us](mailto:Jennifer.Oehler@co.washington.mn.us)

<p><i>For Office Use Only:</i>  Received: _____  Approved: _____</p>
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**Registration Type**

*Those occupying, using, or seeking to occupy or use the right-of-way, or place any equipment or facilities in the right-of-way, must register with the County.*

New Applicant                       Update Existing Applicant

*Please indicate if you are the:*

Equipment/Facility Owner       Contractor  
 Other (Explain) \_\_\_\_\_

**Registrant Contact Information**

*Please provide information for the Company, Government Office, and/or Individual.*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Local Representative**

*Local contact person within your organization that is authorized to accept official notice from the County and act as agent for the Registrant (may leave blank if self or none assigned).*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Liability Insurance (Attach Acord 25 Form) with Washington County as Certificate Holder**

Producer: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Name, Title/Position    Signature    Date

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P: 651-430-4300 | F: 651-430-4350 | TTY: 651-430-6246  
www.co.washington.mn.us

*Washington County is an equal opportunity organization and employer*