



Wayne H. Sandberg, P.E., Director, County Engineer

ANNUAL RIGHT OF WAY REGISTRATION FORM

Send completed form to:

Jennifer.Oehler@co.washington.mn.us

For Office Use Only:
Registration # _____
Received: _____
Approved: _____

CERTIFICATE OF INSURANCE REQUIRED WITH REGISTRATION

Registration Type

____ New Applicant ____ Update Existing Applicant

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. 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: _____

_____	_____	_____
Name, Title/Position	Signature	Date

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: _____

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