

City of New Ulm

Annual Registration for Right-of-Way Permits

Registration expires December 31 of each calendar year.

| Applicant Information | | |
|---|--|--|
| Company name: | | Date: |
| Business trade: | | |
| Address: | | |
| City: | State: | Zip code: |
| Phone number: | Email address: | |
| Gopher State One-Call registration | number: | |
| Does this company hold a franchise | e with the city? Yes | No |
| | | |
| List all trade type licenses: i.e., pip | · · | |
| License Type | License Number | Expiration Date |
| | | |
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| Name: | | |
| Name: Address: | | |
| Name: Address: City: | State: | Zip code: |
| Name:Address: City: 24-hour emergency phone numbe | State: r: | Zip code: |
| Name: Address: City: 24-hour emergency phone numbe | State: | Zip code: |
| Name: Address: City: 24-hour emergency phone numbe Email address: | State: r: | Zip code: |
| Name:Address: City: 24-hour emergency phone numbe Email address: Ackr | State:state: | Zip code: cation |
| Name:Address: | State:state: | Zip code: cation |
| Name:Address: | State:state:nowledgment of Indemnifi applicant hereby acknowledges the City Code. | Zip code: cation e indemnification provided by |
| Name:Address: | State:state: | Zip code: cation e indemnification provided by |
| Name:Address: | State:sr:State:sr:State:sr: | Zip code: cation e indemnification provided by Iding a franchise with the city. |
| Name:Address: | State:state:nowledgment of Indemnifi applicant hereby acknowledges the City Code. | Zip code: cation e indemnification provided by Iding a franchise with the city. |
| City: | State:sr:State:sr:State:sr: | Zip code: cation e indemnification provided by Iding a franchise with the city. |

Requirement checklist:

Certificate of insurance \$100 registration fee Acknowledgment of indemnification signed

Submit registration form, required documents and fee to:

City of New Ulm Engineering Office, New Ulm City Hall 100 North Broadway, New Ulm, MN 56073

Phone: 507-359-8380