



**City of St. Francis**  
 23340 Cree Street NW  
 St. Francis, MN 55070  
 763-753-2630  
 763-753-9881 (fax)  
[www.stfrancismn.org](http://www.stfrancismn.org)

**REGISTRATION FOR OCCUPANCY OF CITY OF ST. FRANCIS RIGHT OF WAYS**  
 In accordance with City of St. Francis Code Section 4.90 all owners of facilities along with contractors and subcontractors who install, maintain or operate facilities located within the City of St. Francis Right of Ways are required to register with the City.

**Registrant Name** \_\_\_\_\_ Gopher State one call ID # \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**Local Contact Name** \_\_\_\_\_ Gopher State one call ID # \_\_\_\_\_  
 Address \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 24 Hour Emergency Contact: Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**Type(s) of facility owned, operated or installed? Check all that apply.**  
 Gas\_\_ Telephone\_\_ Cable TV\_\_ Electric\_\_ Fiber Optic\_\_ Sanitary Sewer\_\_ Storm Sewer\_\_  
 Water\_\_

**Certificate of Insurance or Self Insurance.**  
 Please attach a Certificate of Insurance

**If you are a Corporation.**  
 Please attach a copy of the Articles of Incorporation you filed with the Secretary of State as well as a current Certificate of Good Standing.

**Facility Owners.**  
 Please provide documentation of legal right and authority to locate in and use the right of way as granted by the Public Utilities Commission or other State or Federal agency or a statement clarifying your legal right.

**Subcontractors List.**

Name _____	Work Performed _____
Name _____	Work Performed _____
Name _____	Work Performed _____

**Notice of Changes.**  
 You are required to keep the City of St. Francis informed of all changes within 15 days of any changes.

**Application Status.** New \_\_\_\_\_ Update \_\_\_\_\_

**Do you have Internet access to review City Code?** Yes\_\_ No\_\_

**Registration Fee:** \$ 35.00 **Non-Refundable Administrative Fee**  
**Annual Escrow Fee:** \$ 2000.00 **Escrow Fee/Bond or Letter of Credit**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_