

Registration Permit Number: \_\_\_\_\_  
(For Office use only)

## Registration Permit Information

Company/Registrant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Gopher State One-Call Registration ID Number: \_\_\_\_\_

(The county may ask for a copy of a Certificate of Insurance listing SIBLEY COUNTY as additional insured)

**In case of an emergency, please provide the following information:**

Local Representative: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Pursuant to Sibley County Ordinance NO. 820 Management of the Public Right-of-Way

**Registration Fee – \$10.00**