

**CITY OF WILLMAR
REGISTRATION FOR RIGHT-OF-WAY EXCAVATORS**

Company Name: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone # _____ Fax # _____

Gopher One-Call Registration # _____

Does this company hold a franchise with the City? _____ Yes _____ No

Company Contact Person

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone # _____ Fax # _____

24 Hour Emergency # _____

Certificate of Insurance (REQUIRED) Attached _____ Yes _____ No

Signature:

_____ By

_____ For

_____ Date

Acknowledgement of Indemnification

The contractor indemnifies, saves and holds harmless the City and all of its officers, agents and employees of and from any and all claims, demands, action or causes of action of whatsoever nature and character arising out of or by reason of the execution of performance of work or services provided herein and further agrees to defend at its sole cost and expenses any action of proceeding commenced for the purpose of asserting any claim or whatsoever character arising hereunder.

_____ By

_____ For

_____ Date