



Right-of-Way Contractor Registration Form

Applicant Use

Contractor/Company Information

Company Name: _____

Type of Utility: _____

Company Physical Address: _____

Company Mailing Address: _____

Company Phone #: _____ Company E-Mail: _____

Contractor/Company Contacts

First Contact Name: _____

First Contact Phone #: _____ First Contact E-Mail: _____

Second Contact Name: _____

Second Contact Phone #: _____ Second Contact E-Mail: _____

Third Contact Name: _____

Third Contact Phone #: _____ Third Contact E-Mail: _____

****The following must be submitted with this form: a copy of the primary company contact's government-issued identification (e.g., driver's license) and a Certificate of General Liability Insurance listing the City of Saginaw as the certificate holder and meeting the minimum insurance requirements outlined in Chapter 10, Article 12, Section 10.380 of the City of Saginaw Code of Ordinances****

City of Saginaw Use Only

Date of Registration Approval: _____

Registration #: _____