



**CERTIFICATE OF REGISTRATION
FOR WORK IN PUBLIC RIGHT-OF-WAY**

BE IT KNOWN THAT _____ **OF** _____
(Owner) (Firm)

ADDRESS _____
(Street) (City) (State) (Zip Code)

PHONE _____ **FAX** _____ **E-MAIL** _____

SSN OR TIN _____

INSURANCE CARRIER _____

LOCAL AGENT _____

AGENT'S PHONE # _____

ATTACHED: COPY OF INSURANCE COVERAGE _____
WORKMAN'S COMPENSATION _____

HAS REGISTERED WITH THE CITY OF TIPP CITY THIS _____ **DAY OF** _____
Month/Year

THIS CERTIFICATE OF REGISTRATION IS VALID FOR THE CALENDAR YEAR
_____ **IN WHICH ISSUED AND SHALL BE RENEWED ANNUALLY.**

FEE PAID \$ _____

DATE _____

CASH/CK # _____