



Town of Garner

Engineering Department
900 7th Avenue, Garner, NC 27529
Telephone: 919-773-4425

Utility Registration for Work in Town Right-Of-Way

Address of Work: _____

If no specific street address, list development name or describe general location below.

CONTACT INFORMATION

Type of Utility: _____

Utility Company Name: _____

NC One Call Certificate No.: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name (*Local Representative*): _____

Phone Number: _____

Email Address: _____

Fax Number: _____

Emergency Phone Number: _____

INSURANCE INFORMATION

Must provide Certificate of Insurance with Town of Garner named as an additional insured.

Comprehensive / Automobile Liability Coverage

Company Name: _____

Limits: _____

(\$2,000,000.00 Minimum Required)

Workers Compensation Coverage

Company Name: _____

Limits: _____

SUBMITTED BY:

APPROVED (by Town of Garner):

Applicants Printed Name

Signature

Date

Applicants Signature

Date

Return completed application to cnix@garnernc.gov or fax to 919-307-7099