

Right-of-Way Use Permit Application



www.redmond.gov/row

ALL FIELDS REQUIRED—ONLY COMPLETED APPLICATIONS WILL BE REVIEWED

APPLICANT INFORMATION	ADDITIONAL CONTACTS INFORMATION
Business: _____ Contact: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____ Email: _____	If you would like additional contacts to be included on this permit application, please enter here: Name: _____ Email: _____ Name: _____ Email: _____
CONTRACTOR INFORMATION	BILLING CONTACT
Business: _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____ Email: _____ Redmond Business License: _____	Business: _____ Name: _____ Billing Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____ Email: _____

DESCRIPTION OF WORK

Work to be completed:

Location of work (Address or Intersection): _____

Project Name: _____ Utility Reference Number: _____

Estimated Start Date: _____ Number of Working Days: _____

SEE [APPLICATION SUBMITTAL REQUIREMENTS](#) FOR MORE INFORMATION

OWNER OR AUTHORIZED AGENT

THE UNDERSIGNED AGREES TO HOLD HARMLESS the City of Redmond, its officers, agents and employees from any and all claims or liability of any nature whatsoever for injury to or death of any person or damage to any property real or personal, arising out of this work, including claims by the applicant's employees.

Print Name: _____ Date: _____

Signature: _____