OFFICE OF THE CITY ENGINEER 44 W. Washington Street Shelbyville, IN 46176 (317) 392-5102

**Each application must be accompanied by a Certificate of General Liability Insurance and an original \$10,000 Surety Bond made payable to the City of Shelbyville. Both the Bond and the Certificate of Insurance MUST have actual expiration dates on them. Email address must be contractor's email not a general office email address.

Registration fee is \$50.00.

<u>RIGHT OF WAY</u>	RIGHT OF WAY CONTRACTOR REGISTRATION APPLICATION		
	COMPANY INFO	RMATION	
Applio	cant's Name		
Comp	any Name		·
Addre	ss		
City/S	tate	Ziړ	0
Phone	2	Fax	
Email			
	License Number		
	APPLICANT'S PERSONA	L INFORMATION	
Addre	ess		
City/State		Ziړ	0
Phone	2		
	Original Signature of Applicant		
For Office Use Only	*		
ond Received	Cert. of Ins. Received	Status	Valid Until