

**FEE: \$90.00**

**CITY OF GENESEE  
REQUEST FOR  
RIGHT OF WAY PERMIT**

**FAX 208-285-1382**

Contractor must have the following on file at the City Hall:  
Proof of Liability Insurance  
Proof of Workers Compensation Insurance  
\$5,000 Bond

DATE: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE \_\_\_\_\_

BLDG. CONTRACTOR LICENSE # : \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

WORK ADDRESS/LOCATION: \_\_\_\_\_

WHICH SIDE OF ROAD : NORTH    SOUTH    EAST    WEST

DID YOU CALL DIGLINE FOR A LOCATE? \_\_\_\_\_

DATE CALLED: \_\_\_\_\_

TYPE OF WORK:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_