



CONTRACTOR'S REGISTRATION FORM

DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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

LIABILITY INSURANCE COMPANY \_\_\_\_\_

CERTIFICATE OF INSURANCE (\$1,000,000.00 LIABILITY) \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

Fee: \$25.00

**FOR OFFICE USE ONLY**

Registration Number: