



CONTRACTOR REGISTRATION

(PLEASE PRINT CLEARLY)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Contact: _____

Office Phone: _____ Fax: _____

Email: _____

License holder: _____

Title: _____

Type of Work Provided: _____

License Type: _____

License Number: _____ Exp Date: _____

Signature: _____

When returning this form to the Permits Department please include:

- 1. A photocopy of all required Licenses.**
- 2. Proof of Liability Insurance (the city does not need to be an also insured).**

Received By: _____ Date: _____

701 Leander Drive, Leander TX 78641 (512) 528-2752 Fax (512) 259-0660