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: _____

101 E. Sonny Dr., Leander TX 78641
permits@leandertx.gov
(512) 528-2752