



CITY OF ABILENE
2012
CONTRACTOR'S REGISTRATION

STATE OF TEXAS §

COUNTY OF TAYLOR §

NAME OF BUSINESS: _____
(State whether Sole Proprietorship, Partnership or Corporation)

ADDRESS: _____
Street City State Zip Code

PHONE: _____ FAX: _____ E-MAIL: _____

OWNER(S)/PRINCIPAL(S):

Name: _____ Address: _____
Title: _____ Phone: _____

Name: _____ Address: _____
Title: _____ Phone: _____

Name: _____ Address: _____
Title: _____ Phone: _____

I certify that the above information is true and shall notify the City of Abilene, in writing, of any change in mailing address, change of location, or business affiliation. Furthermore, I acknowledge the responsibilities of the Contractor, in regards to permits, inspections, and Code compliance. Failure to comply will result in revocation of this Registration.

PRINCIPAL'S SIGNATURE

DATE: _____

ANNUAL FEE: \$65.00
INITIAL SET-UP FEE: \$50.00
TOTAL PAID: _____

RECEIPT#: _____

All Contractor Registrations Expire December 31st

Building Inspection Dept. • 555 Walnut • P.O. Box 60, Abilene, Texas 79604 Phone: (325) 676-6232 • Fax: 676-6288