

CITY OF SOUTH LYON
335 S WARREN
SOUTH LYON, MI 48178

PHONE 248)437-1735

PHONE 248)437-5255

FAX 248)486-0049

CONTRACTOR REGISTRATION FORM

DATE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE: _____ FAX: _____

CIRCLE ONE:	PLUMBING	MECHANICAL	ELECTRICAL	BUILDING
	\$15.00	\$15.00	\$15.00	\$15.00
	EA	EA	EA	EA

LICENSE NUMBER: _____

EXPIRATION DATE: _____

WORKMANS COMP CARRIER _____

TOTAL AMOUNT DUE: _____

**NOTE: COPIES OF LICENSES MUST BE INCLUDED. STATE
LICENSE ALONG WITH DRIVERS LICENSE FRONT AND BACK**