



ROOFING CONTRACTOR REGISTRATION FORM

INFORMATION:

Company Name or DBA – List All

Company Address (Street, P.O. Box, City State, and Zip Code)

Main Contact Person

Business Telephone

Cell Phone

Email Address

Insurance Company

Phone No.

Persons authorized to apply for/obtain permits – List All

I understand that this registration shall become null and void should my bond or insurance coverage not be kept in force, and that any registration or permit fees must once again be paid in full for reinstatement; I also understand this registration may be revoked by the Building Official for failure to pay any fee or to correct any code violation after notice, or for continuous or repeated violations of the City of Idalou Code of Ordinances.

Signature

Date

Office Use Only:

Registration No.: _____

Date: _____