

Please provide a current certificate of insurance showing the City of Cedar Hill as the certificate holder.

Contractors # (issued by city) _____

Current insurance provided by U/C



UTILITY CONTRACTOR REGISTRATION

285 Uptown Blvd..2ND FL Cedar Hill, TX, 75104 972-291-5126 x 2853 Fax 972-291-7250

Please submit form to row@cedarhilltx.com

Date: _____

Name of Business _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip Code _____

Office# _____ Mobile# _____

Email (**required**) _____

Business Owner _____ Driver's License _____

Address _____

City _____ State _____ Zip Code _____

Individual Registering (if different from owner) _____

Driver's License _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

I HAVE READ AND UNDERSTAND THE ATTACHED INFORMATION REGARDING PERMIT EXPIRATION AND WORK WITHOUT A PERMIT. I HAVE READ AND AGREE TO ABIDE BY THE ATTACHED ORDINANCE REGULATING THE CONDUCT OF CONTRACTORS, AND I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Print Name _____

Signature _____ Date _____