



CONTRACTOR REGISTRATION FORM

Building Dept
172 N 2nd St
Decatur IN 46733

office 260.724.3814
email lgable@decaturin.org

DATE _____

CONTRACTOR NAME _____

CONTACT NAME _____

ADDRESS _____

EMAIL _____

OFFICE PHONE _____ CELL _____

FEDERAL ID NUMBER _____

Contractor Type (Check all that apply):

- General Contractor _____ Electrical _____ Plumber _____ HVAC _____
- Sign _____ Concrete _____ Roof _____ Mechanical _____
- Fire Suppression _____ Landscaping _____ Fencing _____ Other _____

*PLEASE ATTACH A COPY OF CERTIFICATE OF INSURANCE.

SIGNATURE _____ DATE _____

I HEREBY SWEAR AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS COMPLETE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.