

**City of Lowry Crossing
Contractor Registration Form**

**Please circle what applies: GENERAL PLUMBING ELECTRICAL
HVAC MECHANICAL IRRIGATION BACKFLOW TESTER
FENCE OTHER: _____**

Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: _____ **Fax Number:** _____

Personnel Authorized to Obtain Permit:

Name: _____ **Title:** _____

Name: _____ **Title:** _____

License Number: _____

(Please attach a copy of your license)

Signature of Owner or Authorized Personnel

Date Paid: _____ **Fee Amount:** _____

Received by: _____

*****Note: The Contractor Fee is \$25.00.**