

CITY OF HUNTINGTON WOODS 26815 SCOTIA ROAD
HUNTINGTON WOODS MI 48070
PHONE: (248) 541-4300 Ext. 633; FAX: (248) 541-3412
www.hwmi.org

CONTRACTOR'S REGISTRATION FORM

PROVIDE COPY OF:	1. CURRENT LICENSE
	2. DRIVER'S LICENSE
	3. CERTIFICATE OF INSURANCE

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: _____ CELL#: _____

CONTRACTOR LIC. NO: _____ EXP. DATE: _____

FEDERAL ID NUMBER OR
REASON FOR EXEMPTION: _____

WORKERS COMP INSURANCE CARRIER: _____

M.E.S.C. EMPLOYER NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

Indicate all that apply by entering the fee due in the appropriate field. Do not leave any field blank.

RESIDENTIAL BUILDER

MAINT/ALTERATION

ELECTRICAL

PLUMBER

MECHANICAL

(CHECK ALL THAT APPLY): 1 2 3 4 5 6 7 8 9 10

OTHER TRADE

TOTAL DUE