

Project Name: _____

Project Address: _____

City of Round Rock Texas Contractor Information Sheet

Company Name: _____

Contact Person: _____

Title: _____ Phone Number: _____

Mobile: _____ Email: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please Select One

Contractor Type: General Plumbing Mechanical Electrical Irrigator

License Holder's Name: _____

License Number: _____ Expiration Date: _____
dd/mm/yyyy

Electrical Contractor License Number: _____

Expiration Date: _____
dd/mm/yyyy

FORM MUST BE SIGNED BY LICENSE HOLDER

Signed: _____

Printed Name: _____

Forward To:

Building Inspection Department

Attn: Carol Turner

Fax 512-218-5563