



**CITY OF SOUTH LYON**

**BUILDING DEPARTMENT**

335 S. WARREN

SOUTH LYON, MI 48178

PHONE: 248-437-5255

FAX: 248-486-0049

**CONTRACTOR REGISTRATION FORM**

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CIRCLE ONE:	PLUMBING	MECHANICAL	ELECTRICAL	BUILDING
	\$15.00	\$15.00	\$15.00	\$15.00

LICENSEE NAME: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

LICENSE EXPIRATION DATE: \_\_\_\_\_

\*\*\*NOTE: COPIES OF DRIVERS LICENSE (FRONT & BACK) AND CONTRACTOR LICENSE(S)  
MUST BE INCLUDED WITH THIS FORM\*\*\*

PLEASE MAKE CHECK PAYABLE TO: CITY OF SOUTH LYON