



CONTRACTOR REGISTRATION FORM

Building Dept  
172 N 2nd St  
Decatur IN 46733

office 260.724.3814  
email eheylerly@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.