



201 Bolivar Street/PO Box 1729 * Sanger, TX 76266
940-458-2059(office)*940-458-4072(fax)*www.sangertexas.org

CONTRACTOR REGISTRATION

Date: _____

Contractor First/Last Name: _____ Phone Number: _____

Contractor Email: _____

Contractor Address: _____

City, State, Zip: _____

Business: _____ Phone Number: _____

Business Address: _____

City, State, Zip: _____

Type of License: _____ Number: _____ Expires: _____

Type of License: _____ Number: _____ Expires: _____

Copy of Contractor License
Copy of Certificate of Insurance

Signature of Applicant

Date

12/17 SMD