

**Please provide a current certificate of insurance showing the City of Cedar Hill as  
the certificate holder.**

Contractors # (issued by city) \_\_\_\_\_

Current insurance provided by U/C



CEDAR HILL

## UTILITY CONTRACTOR REGISTRATION

285 Uptown Blvd..2<sup>ND</sup> FL Cedar Hill, TX, 75104 972-291-5126 x 2853 Fax 972-291-7250

**Please submit form to [row@cedarhilltx.com](mailto:row@cedarhilltx.com)**

Date: \_\_\_\_\_

Name of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office# \_\_\_\_\_ Mobile# \_\_\_\_\_

Email (**required**) \_\_\_\_\_

Business Owner \_\_\_\_\_ Driver's License \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Individual Registering (if different from owner) \_\_\_\_\_

Driver's License \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE ATTACHED INFORMATION REGARDING PERMIT EXPIRATION AND  
WORK WITHOUT A PERMIT. I HAVE READ AND AGREE TO ABIDE BY THE ATTACHED ORDINANCE  
REGULATING THE CONDUCT OF CONTRACTORS, AND I AFFIRM THAT THE ABOVE INFORMATION IS TRUE  
AND CORRECT.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_