



Please provide a current certificate of insurance showing the City of Cleburne as the certificate holder

UTILITY CONTRACTOR REGISTRATION

10 N. Robinson, PO Box 677 Cleburne, TX 76033

Company Name _____

Mailing Address _____

Physical Address _____ Email _____

City _____ State _____ Zip Code _____

Office# _____ Mobile _____

Primary Contact _____

Address _____ Email _____

City _____ State _____ Zip Code _____

24 Hour Emergency Contact

Name _____ Mobile _____

Address _____ Email _____

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 _____