Physical Address: 261 School Rd
Mailing Address: PO Box 228
Rhome, Texas 76078
Telephone: 817-636-2462
www.cityofrhome.com

CONTRACTOR REGISTRATION FORM

Type of Contractor: _____

Complete Company Name: _____

Complete Company Address: _____

City, State, and Zip: _____

Type of License Held: _____ License #: _____

Copy of License: ☐ Yes ☐ No Expiration Date: _____

Copy of Insurance: ☐ Yes ☐ No Expiration Date: _____

Vehicle Markings are required. Are vehicles marked? ☐ Yes ☐ No

I testify that the above information is correct and that is any change in this information occurs, I will notify the City Secretary within ten (10) working days of such change.

Signature: _____ Print Name: _____

OFFICE USE ONLY

Expiration Date of Registration: _____

Received By: _____ Date: _____ Receipt #: _____