



## **Plumbing Registration**

**Name of Applicant** \_\_\_\_\_

**Name of Company** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone** \_\_\_\_\_

**SEND COPIES OF :**

**License Number** \_\_\_\_\_

**Master License** \_\_\_\_\_

**Date of Registration Expiration** \_\_\_\_\_

**\*\*\*\*\*Registration is \$100.00 and valid for one year within the town limits of Lakewood Village.**

**\*\*\*\*Send copies of all licenses i.e., drivers, masters.**