



CITY OF TAMARAC
 BUILDING DEPARTMENT
 6011 NOB HILL ROAD - 1ST FLOOR
 TAMARAC, FL 33321-6200
 PHONE: 954-597-3435 FAX: 954-597-3450

DATE PAID:

CONTRACTOR REGISTRATION/ANNUAL MAINTENANCE FORM

Date: _____

Please complete this form to help us keep your file up-to-date. Be sure to notify us with your most current licenses and insurances. **NOTE: Effective September 15, 2005 a \$50.00 Contractor Registration/Annual Maintenance Fee is required. Thank you.**

Qualifier's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Company Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Fax: (_____) _____

Qualifier's Signature: _____

STATE OF FLORIDA
 COUNTY OF _____

On this the _____ day of _____, 20____, before me the undersigned Notary Public of the State of Florida, personally appeared

NOTARY PUBLIC
 SEAL OF OFFICE:

 (Name(s) of individual(s) who appeared before notary)
 and whose name(s) is/are subscribed to the within instrument, and he/she/they acknowledged that he/she/they executed it.
 WITNESS my hand and official seal.

 NOTARY PUBLIC, STATE OF FLORIDA

 (Name of Notary Public: Print, Stamp, or Type as Commissioned.)

Personally known to me or,

Produced identification: _____
 (Type of Identification Produced)

DID Take an oath, or DID NOT take an oath.