



Heidelberg Township

DRIVEWAY CONTRACTORS REGISTRATION FORM

Company Name: _____

YEAR: _____

Owners
Name:

Last

First

M.I.

Date:

Business
Address:

Street address

Apt/Unit #

Phone:

Business
License
Number:

City

State

Zip Code

Email:

Additional names
(Partners/Trade
Names/Contractor
Names:

Is this a renewal?

Yes

No

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

Signature:

Date:

Office Use Only:

Certificate of General Liability Insurance Policy #: _____

Proof of Worker's Compensation Insurance or exemption affidavit:

Yes

No

Fee Collected: \$ _____ Date Collected: _____