

BEDFORD TOWNSHIP REROOFING REGISTRATION (7/09)

TELEPHONE: 734-847-6791

FAX: 734-847-3653

REGISTRATION NUMBER: 	DATE: 	PARCEL NUMBER:
OWNER: 	ADDRESS: 	PHONE NUMBER:
CONTRACTOR: 	ADDRESS: 	PHONE NUMBER: FAX NUMBER:
LICENSE NUMBER: _____	MESC NUMBER: _____	FEDERAL ID NUMBER: _____
LICENSE EXPIRATION DATE: _____	W/C NUMBER: _____	

USE OF BUILDING:	_____ RESIDENTIAL	_____ OTHER
TYPE OF WORK:	_____ RECOVERING	_____ REPLACING

I hereby certify that I have read and examined this Registration and know the same to be true and correct. All the provisions of the laws and ordinances governing this type of work will be complied with whether specified herein or not. The Registration does not presume to give authority to cancel the provisions of any other state or local law regulating construction or the performance of construction.

My signature below indicates I have read and understand the fee schedule.

Contractor's Signature: _____

A COPY OF THIS REGISTRATION MUST BE GIVEN TO THE PROPERTY OWNER. THIS REGISTRATION IS FOR THE PURPOSE OF ENSURING THAT ROOFING CONTRACTORS HAVE OBTAINED ALL REQUIRED LICENSES ONLY. BEDFORD TOWNSHIP WILL NOT INSPECT THE REPAIRS NOR DOES IT MAKE ANY WARRANTIES AS TO THE QUALITY OF THE MATERIALS OR WORKMANSHIP.

FEE (\$25.00) RECEIVED: \$ _____

DATE

BEDFORD TOWNSHIP