

Greenwood Contractor Information Sheet

Company / Contractor Name: _____

Address: _____

Business Phone / Fax: _____/_____

Principal Contact / Title _____/_____

Mobile Phone / e-mail: _____/_____

AR Contractor License No. (attach copy): _____ Expires: _____

Greenwood Privilege License: Y_____ N_____

Other Contacts (persons who may call in inspections or conduct business with the Planning Department on behalf of the contractor):

1. _____ Primary phone: _____

Contractor ST License (attach copy): _____ Expires: _____

2. _____ Primary phone: _____

Contractor ST License (attach copy): _____ Expires: _____

3. _____ Primary phone: _____

Contractor ST License (attach copy): _____ Expires: _____

Mail or fax to:

**City of Greenwood
Attn: Planning and Development
P.O. Box 1450
Greenwood, AR 72936
Phone: 479-996-5329**

Fax: 479-996-4153