



REGISTRATION OF ROOFING SERVICES

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Number of Years in Business: _____

TYPE OF SERVICES PROVIDED: Residential ___ Commercial: ___ *Other: ___

*If other, please specify Product and/or Service: _____

Current Illinois State Roofing License Number: _____

(Attach Copy of License to Form)

INSURANCE PROVIDER:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

(Attach Certificate of Insurance from Insurance Provider to Form.)

Return Information to:
Building and Neighborhood Services Division
City of Carbondale
P.O. Box 2047
200 South Illinois Avenue
Carbondale, Illinois 62902-2047
Fax: 618-457-3237