

**TOWN OF INDIAN RIVER SHORES**  
**CONTRACTOR INFORMATION**

DATE: \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BUSINESS CATEGORY: \_\_\_\_\_

QUALIFIER PRINT NAME: \_\_\_\_\_

QUALIFIER SIGNATURE: \_\_\_\_\_

**NOTARY REQUIRED**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing document was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

(affix seal)

EMERGENCY TELEPHONE: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_

FEDERAL EMPLOYER ID: \_\_\_\_\_

OR  
SOCIAL SECURITY NUMBER: \_\_\_\_\_