

# CHANGE OF CONTACT INFORMATION FORM



Date: \_\_\_\_\_ Project Tracking # DS \_\_\_\_\_

Project Address: \_\_\_\_\_

Owner or Authorized Agent Name (circle one): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

As owner or owner's authorized agent for this project, I hereby request the following contact information be changed:  
\*Note: Changing the contractor information may require additional contractor licensing information.

**From:** Design Professional, Applicant or Contractor (circle one)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**To:** Design Professional, Applicant or Contractor (circle one)

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*Contractor's Lic. No: \_\_\_\_\_ State Sales Tax No: \_\_\_\_\_ City Sales Tax No: \_\_\_\_\_

\_\_\_\_\_  
*Owner or Authorized Agent Signature*

\_\_\_\_\_  
*Owner or Authorized Agent Title*

**For Official Use Only:**

Update Permits Plus

File original with Permit

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*DSD Specialist*