



CITY OF EAGLE LAKE

75 N 7th Street, P.O. Box 129

Eagle Lake, FL 33839

Phone: 863-293-4141 Fax: 863-294-3590

Email: buildingpermits@eaglelakefl.gov

FENCE CONTRACTOR REGISTRATION FORM

New

Update

Business Name: _____

Business Owner: _____

Type of Business: _____

Billing Address: _____

Mailing Address: _____

Office Phone: _____ Cell Phone: _____

E-mail address: _____

For a new registration please provide us with the following Items:

- General Liability (With the City of Eagle Lake listed as the Certificate Holder)
- Workers' Compensation Insurance, or proof of Workers' Compensation Exempt
- Business Tax Receipt

I AFFIRM THAT THIS IS TRUE AND CORRECTION INFORMATION

_____ Signature of Applicant

The foregoing instrument was sworn to (or affirmed), subscribed, and acknowledged before me on this _____ day of _____, 20____.

Notary Public _____

My commission expires _____