



PLUMBER CONTRACTOR REGISTRATION

Business Name: _____ Phone: _____

Business Owner: _____

Business Address: _____

_____ City State Zip Code

Email address: _____ Fax: _____

Plumber's Name: _____ Phone: _____

Address: _____

_____ City State Zip Code

Contractors State Registration #: _____ expires: _____

Please submit a copy of your current State of Illinois Contractor's Registration (055#) along with this application.

Mail, email or fax to: City of Naperville/City Clerk's Office
Attn: Nancy Leary
400 S. Eagle St.
Naperville, IL 60540

Email: learyn@naperville.il.us
Phone: 630-420-6046
Fax: 630-305-4466