



CITY OF POINT

320 N. LOCUST STREET POINT, TEXAS 75472 PH:903-598-3296 FAX:903-598-3371
Email: cityclerk@cityofpoint.org

Contractor Registration

Name _____ Date _____
Address _____
City _____ State _____
Email _____ Phone _____
Company _____ Address _____
Electrical _____ Fire Suppression & Extinguisher _____
Mechanical _____ Plumbing _____

Master Registration

Name _____ Date _____
Address _____
City _____ State _____
Email _____ Phone _____
State Electrical License _____ *
State HVAC License _____ *
State Plumbing License _____
*Fees:(\$50.00 ea) _____
Payment Type: _____ CASH _____ CHECK _____ MO _____ CREDIT CARD
Received By: _____ Date: _____