

CITY OF TALLMADGE
INCOME TAX DEPARTMENT
PROJECT INFORMATION FORM

CONTRACTOR'S NAME _____ *Contractor's Phone* _____

PERMIT # _____ *PERMIT ADDRESS* _____ *Owner's Name* _____

Type of Contractor	Name	Address	City	St	Zip	Phone	Money Paid	ID / SS#
General								
Excavator								
Sewer Layer								
Paving								
Masonry								
Basement Waterproofer								
Roofing								
Plumbing								
Erector								
Carpenter (rough)								
Carpenter (finishing)								
Electrical								
Siding								
Heating								
Insulation								
Drywall								
Flooring								
Painting								

Please complete both pages of this form

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Type of Contractor	Name	Address	City	St	Zip	Phone	Money Paid	ID /SS#
Spouting								
Cabinet Installation								
Garage Door Installation								
Landscaping								
Glazing								

Other

I certify that the information contained on this form is accurate to the best of my knowledge.

Signature of Applicant _____ **Date** _____

Business Name & Address (please print) _____

Send completed form to **CITY OF TALLMADGE, INCOME TAX DEPARTMENT, P.O. BOX 35, TALLMADGE, OH 44278-0035.**