



CHANGE OF CONTRACTOR FORM

TOWN OF ANGIER

P.O. BOX 278  
ANGIER, NC 27501

New Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Trade: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Contractor's Phone Number: \_\_\_\_\_

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

Contractor's Signature: \_\_\_\_\_

Permit Number: \_\_\_\_\_

State License Number: \_\_\_\_\_

Privilege License Number: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

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