



**CHARTER TOWNSHIP OF MILFORD**

*Oakland County*

*Building Department (M-Th 8:30-4:30)*

*(Fri. 8-3:30)*

Reg. #: \_\_\_\_\_

**Registration Form**

Registration is necessary every time the state license expires or  
First time pulling a permit in the Township.

Company Name: \_\_\_\_\_

Licensee Name: \_\_\_\_\_

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

\_\_\_\_\_

State Lic. #: \_\_\_\_\_ Type of License: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Workman's Comp #: \_\_\_\_\_

(MESC #)

Federal ID #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Licensed

Contractor Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must have an original signature of the  
licensed contractor, for proper registration in Milford  
Township.**

Clerk: \_\_\_\_\_

Date: \_\_\_\_\_