



**Pittsfield Charter Township**  
**Department of Building Services**

6201 West Michigan Avenue, Ann Arbor, MI 48108  
Phone: (734) 822-3125 • Fax: (734) 944-1103  
Website: [www.pittsfield-mi.gov](http://www.pittsfield-mi.gov)

**Kurt Weiland**  
Director of Building Services  
[weilandku@pittsfield-mi.gov](mailto:weilandku@pittsfield-mi.gov)

**Laura Igna**  
Building Services Manager  
[ignal@pittsfield-mi.gov](mailto:ignal@pittsfield-mi.gov)

**Mandy Grewal, Supervisor**

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## CONTRACTOR REGISTRATION FORM

Contractor Information				
(Please Print)				
Contractor Name (License Holder)	Company Name			
Street Number	Street Name	City	State	Zip Code
Contractor (Company) Phone Number	Email Address			
Licensee Information				
Contractor Type: <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing				
Permanent (State License) Number: _____	Expiration: _____			
Workman's Compensation Carrier: _____				
Federal Identification Number: _____				
I certify that I am the person listed above, that the information furnished is true and correct to the best of my belief and that if no workman's compensation carrier is listed, I am exempt under State law.				
Contractor ( <b>License Holder</b> ) Name	Contractor ( <b>License Holder</b> ) Signature	Date		