

EDGECOMBE COUNTY HEALTH DEPARTMENT
Karen Lachapelle, Health Director

CONTRACTOR REGISTRATION FORM

Company Name: _____

Owners Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Home Telephone Number: _____

Office Telephone Number: _____

Cell Phone Number: _____

Fax Number: _____

Email Address: _____

Please list all systems certified to install: _____

If you have any questions concerning this form, please contact Edgecombe County Environmental Health Office at (252) 641-7573.

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