



## Update License Holder Contact Information

If you have relocated or changed your contact information since last updating your City of Cape Coral competency license, please complete the information below. Send the completed form to our office along with a copy of the updated Business Tax Receipt for your office location.

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

License Holder's Name: \_\_\_\_\_

License holder's contact information:

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

City / State / Zip: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

### List Only One for Each of the Below

Office phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
License Holder's name (please print)

\_\_\_\_\_  
License Holder's signature

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

**This form can be either be emailed, faxed, or mailed to:**

City of Cape Coral - Contractor's Registration  
[contractorregistration@capecoral.gov](mailto:contractorregistration@capecoral.gov)  
P.O. Box 150027 - Cape Coral - FL- 33915  
Fax: (239) 242-5368 – Phone: (239) 574-0870