



**4. Agent Information (if other than Property Owner)  
MUST reside within 20 miles of the City of Brighton**

Company Name (if applicable): \_\_\_\_\_

Agent Name: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

Mailing Address (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
*City State ZIP Code*

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

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*I affirm the information contained in this registration form is correct.*

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**5. Correspondence and Contact Information**

**Send Correspondence / Billings to:**

Owner / Agent (circle one)

**Contact for Inspection Appointments:**

Owner / Agent (circle one)

**6. Contact Information for Person Authorized to Order Repairs and/or Service (if different from Owner or Local Agent)**

Company Name (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

Mailing Address (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
*City State ZIP Code*

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

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*I affirm the information contained in this registration form is correct.*

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



