



**City of Byram
Mississippi**

Contractor Registration Form

Date: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Only those representatives listed below will be allowed to pull permits for this company:

Name	Cell number
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Name	Cell number
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Name	Cell number
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Name	Cell number
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Name	Cell number
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