



VILLAGE OF LINCOLNWOOD
COMMUNITY DEVELOPMENT DEPARTMENT
CHANGE OF CONTRACTOR FORM

PROPERTY OWNER: _____

JOB ADDRESS: _____

PHONE NUMBER: _____

PERMIT NUMBER: _____

GENERAL CONTRACTOR: _____

PHONE: _____ FAX: _____

TRADE: _____

EXISTING CONTRACTOR: _____

NEW CONTRACTOR: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EFFECTIVE DATE: _____

SIGNED: _____