



## APPROVED UTILITY CONTRACTOR UPDATE FORM

DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### PRINCIPAL CONTACTS

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE OFFICE \_\_\_\_\_ CELL \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE OFFICE \_\_\_\_\_ CELL \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE OFFICE \_\_\_\_\_ CELL \_\_\_\_\_

### Names of persons authorized to pick up permits:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RETURN FORM TO: Water/Sewer Plan Review Section:  
P&DStorm-Water-SewerPlanReview@gwinnettcountry.com