



City of Minneola
800 N. US Highway 27
Minneola, FL 34715
(352) 394-3598 Ex. 2503 Office
(352) 394-5278 Fax
(352) 394-3598 Ex. 2504 Inspection Line
www.minneola.us

CHANGE OF CONTRACTOR

Job Address: _____ Permit #: _____
Owners Name/Address: _____
Owners Phone Number: _____

Current Contractor of Record

Name: _____ Phone #: _____
Address: _____

New Contractor of Record

Name: _____ Phone #: _____
Address: _____
License Number: _____

This form must be signed by the Owner and the New Contractor of Record:

Contractor Signature

Date

Owners Signature

Date

Sworn to and subscribed before me this _____
day of _____, 20____.

Personally know to me _____ OR produced
_____ as identification.

Notary: _____

Seal:

Sworn to and subscribed before me this _____
day of _____, 20____.

Personally know to me _____ OR produced
_____ as identification.

Notary: _____

Seal: