City of Tempe
Community Development
31 East 5th Street
Tempe, AZ 85281
480-350-8341
www.tempe.gov

# CHANGE OF CONTACT INFORMATION FORM

Tempe

Date: _____ Project Tracking # DS:_____

Project Address: _____

Owner or Authorized Agent Name (circle one): _____

Address: _____

Phone: _____ Fax Number: _____

As owner or owner's authorized agent for this project, I hereby request the following contact information be changed:
*Note: Changing the contractor information may require additional contractor licensing information.

**From:** Design Professional, Applicant or Contractor (circle one)

Company Name: _____

Address: _____

Phone: _____ Fax Number: _____

**To:** Design Professional, Applicant or Contractor (circle one)

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____ Fax Number: _____

E-mail Address: _____

*Contractor's Lic. No: _____ State Sales Tax No: _____ City Sales Tax No: _____

_____ _____
*Owner or Authorized Agent Signature* *Owner or Authorized Agent Title*

***For Official Use Only:***

☐ Update Permits Plus ☐ File original with Permit

_____ _____
*Date* *DSD Specialist*