Form CS-1

Town of Hurt, Virginia
Authorization to Engage in Contractual Work Inside Corporate Limits

Date: _____ Virginia DPOR License # _____

Applicant Name: _____

Contact Phone Number _____

Address: _____

E-Mail Address: _____

Purpose of Request (Please describe work being done):

_____

_____

_____

_____

Applicant Signature _____ Date _____

Office Use Only

Town Official (printed name and title) _____

☐ Approved ☐ Declined Date_____

Official Signature _____

Web: townofhurtva.gov Facebook: Town of Hurt, Virginia
533 Pocket Road, PO Box 760, Hurt, VA 24563
Office: 434-608-0554 Fax: 434-205-1177