

MAYOR
W. T. Daniels
ADMINISTRATOR
Todd Smith



ALDERMEN
Brian N. F. Bragdon
Buddy C. Hawk
Keith W. Paxton
Sarah E. T. Webster

Licensed Contractor Information

Name: _____

Address: _____

Phone Number # _____

Tennessee State Contractors License # _____

TN License Expiration Date: _____

License Class and Limit: _____

Email address: _____

*****Please include a copy of workers compensation insurance certificate*****