

MAYOR
W. T. Daniels

ADMINISTRATOR
Todd Smith



ALDERMEN
Jeffery D. Taylor
Buddy C. Hawk
Keith W. Paxton
Scott Bullington

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*****