

Office of Buildings 55 Trinity Avenue, Suite 3900 Atlanta, Georgia 30303 Tel: 404.330.6150

CHANGE OF CONTRACTOR LETTER

Job Address:					□ NE □ N	W □ SE □ S'
Requestor's Informa	ation					
Contact Name:						
Contact Number:						
Contact Email:						
Request is being	made by Owner:					
	•					
Owner's Name						
To the City of	f Atlanta:					
	I wish to change	my contractor f	or: Please chec	k the appropria	ate box below	
	Building	\square Mechanical/F	VAC [☐ Electrical	\square Plumbing	
I am hereby	discharging:					
Contra	ctor's Name					
Compa	ny Name					
From n	ny project for the f	ollowing reason	(s):			
Associa	ted with the follow	ving Permit Num	ber(s):			
My New Co	ntractor is:					
	Contractor's	Name				
	Company Na	ame				
ignature (Owner)				ate		

Change of Contractor Rev. 07/24