

TOWN OF AMHERST
BUILDING DEPARTMENT
5583 MAIN STREET
WILLIAMSVILLE, NEW YORK 14221
(716) 631-7080

Electrical Subcontractor Statement

Date: _____

I, _____ **attest that:**
(licensee)

_____,
(electrical contractor name)

**will be the electrical contractor responsible for the electrical
work to be performed at:**

(address of the work)

(nature of work)

My Town of Amherst license number is _____ - _____
License Type License #

Signature _____