



Contractor Authorization Form

City of El Paso – Planning and Inspections Department
811 Texas Avenue El Paso, Texas 79901
915-212-0104
oss-help@elpasotexas.gov

Date: _____

Business/Company Information

Company/Business Name: _____

Company/Business Address: _____ City _____ State _____ Zip Code _____

Company/Business Phone Number: _____ Email: _____

Authorized Representative Information

The following representatives are authorized, after verification of password and review of identification, to request and deliver permits, plans specifications, request inspections and any other documents pertaining to my company except for adding or removing authorized personnel:

I would like to delete the following names from the authorized list of personnel:

Business/Company Password

Your password shall be a minimum of six alphanumeric characters. The password cannot contain special characters or spaces nor be case sensitive). To reset or for forgotten passwords, an email will be sent to the business/company email with the current password.

COMPANY PASSWORD: _____

Principal Owner Name (printed): _____

Signature: _____