

CITY OF LELAND GROVE



CONTRACTOR REGISTRATION

Year Submitting payment for: _____

WORKER'S COMPENSATION WAIVER

I _____ of _____ hereby certify that I
(Printed Name) (Company Name)

have no employees and therefore, do not carry Workman's Compensation Insurance.

I understand that if at any time this is found to be inaccurate, my City of Leland Grove

Registration will be revoked until I provide the proper insurance.

Date: _____

Signature: _____