

ARBORIST REGISTRATION

INC. VILLAGE OF LLOYD HARBOR
32 MIDDLE HOLLOW ROAD
HUNTINGTON, NY 11743
(631) 549-8893/FAX (631) 549-8879

DATE: _____ NAME: _____

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: DAY: _____ EVENING: _____

FAX: _____

INSURANCE REQUIREMENTS (CERTIFICATES MUST BE ATTACHED):

Worker's Compensation Insurance _____
Disability Benefits Insurance _____
Public Liability Insurance _____
Property Damage Liability Ins. _____

ANNUAL FEE: \$100.00

Mail completed application and a self-addressed, stamped envelope with a check
Payable to Inc. Village of Lloyd Harbor, 32 Middle Hollow Road, Huntington, NY 11743

DATE APPROVED: _____

APPROVED BY: _____

FORM OF PAYMENT: CHECK: _____ CASH: _____

REGISTRATION IS ANNUAL AND EXPIRES ON DECEMBER 31ST OF THE YEAR ISSUED