

REGISTRATION # _____

2021 ARBORIST REGISTRATION

VILLAGE OF LLOYD HARBOR
32 MIDDLE HOLLOW ROAD
HUNTINGTON, NY 11743

PHONE: 631-549-8893

FAX: 631-549-8879

DATE _____ NAME: _____

COMPANY NAME _____

ADDRESS _____

PHONE: DAY _____ EVENING _____

FAX _____

INSURANCE REQUIREMENTS (CERTIFICATES MUST BE ATTACHED)

Worker's Compensation Insurance _____

Disability Benefits Insurance _____

Commercial General Liability Insurance _____

I agree to comply with Village Codes, **Chapters 183 and 184** regarding tree removal/Vista Permits, available online at: **lloydharbor.org** or at Village Hall, and am aware any violation(s) of said codes may result in revocation of registration and/or fines.

Arborist's Signature _____

ANNUAL FEE \$100.00

MAIL completed application and a **self – addressed, stamped envelope** with a check payable to: **Village of Lloyd Harbor**, 32 Middle Hollow Rd. Huntington, NY 11743

DATE APPROVED _____

APPROVED BY _____

FORM OF PAYMENT: CASH _____ CHECK # _____

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