REGISTRATION #	REGISTRATION #	
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## **2023 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 REQUIRMENTS (CERTIFICAT	ES MUST BE ATTACHED)
Worker's Compensation Insurance Disability Benefits Insurance Commercial General Liability Insuran	  ce
available online at: <u>lloydharbor.org</u> or at Villa result in revocation of registration and/or fin	rs 183 and 184 regarding tree removal/Vista Permits, age Hall, and am aware any violation(s) of said codes may es. gnature
ANNUAL FEE \$100.00	
MAIL completed application and a <b>self – add of Lloyd Harbor,</b> 32 Middle Hollow Rd. Hunti	ressed, stamped envelope with a check payable to: Village ngton, NY 11743
DATE APPROVED	
APPROVED BY	
FORM OF PAYMENT: CASH CHE	CK #

REGISTRATION IS ANNUAL AND EXPIRES ON DECEMBER 31<sup>ST</sup> OF THE YEAR ISSUED