

City of Lockport

Steven Streit, Mayor Kathleen Gentile, City Clerk David H. Palya, Treasurer Sonni Williams, Attorney Benjamin J. Benson, City Administrator

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WORKER'S COMPENSATION WAIVER

	of	hereby certify that I
(Printed Name)	(Company N	ame)
have no employees a	and therefore, do not carry	Workman's Compensation Insurance. I
understand that if at	any time this is found to b	e inaccurate, my City of Lockport Registration
will be revoked until	I provide the proper insura	ance.
Date:		
Signature:		