

BOROUGH OF KUTZTOWN

COMMUNITY DEVELOPMENT OFFICE • 324 WEST MAIN STREET • KUTZTOWN, PA 19530-1606
PHONE (610) 683-3290 • FAX (610) 683-3537

CONTRACTOR AFFIDAVIT:

SOLE PROPRIETORSHIP **PARTNERSHIP**

I/We, PRINT NAME HERE (1ST PERSON) / PRINT NAME HERE (2ND PERSON) , operating as PRINT COMPANY NAME HERE do not carry Workers' Compensation on self/selves and do not have any employees on my/our payroll. Therefore, this is a notarized affidavit of exemption from Workers' Compensation insurance stating that I/we will not hire any employees to work on any construction project.

Signature _____

Signature _____

Address _____

Telephone _____

Federal ID#, State ID# or SS# _____

COMPLETE THIS AREA

OR
➔

RELIGIOUS EXEMPTION

I, PRINT NAME HERE , operating as PRINT COMPANY NAME HERE , do not carry Workers' Compensation. I am stating religious exemption under the provisions of the Workers' Compensation Law.

Signature _____

Address _____

Telephone _____

Federal ID#, State ID# or SS# _____

----- DO NOT WRITE BELOW THIS LINE --- FOR OFFICIAL USE ONLY -----

On this the _____ day of _____, 200____, before me, _____, the undersigned officer, personally appeared _____ PERSON(S) NAME(S) _____ who acknowledged himself/herself/themselves to _____ be _____ the sole proprietor / partner of _____ COMPANY NAME _____, a sole proprietorship / partnership, and that he/she/they as such sole proprietor / partner, being authorized to do so, executed the foregoing instrument for the purposes therein contained by signing the name of the sole proprietorship / partnership by himself/herself/themselves as sole proprietor / partner.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public My commission expires: