

Contractor Registration

Village of Timberlake

11 East Shore Blvd.

Company Name: _____

Date: _____ Federal ID.: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: _____ Email: _____

Legal Entity: () Individual () Corporation () Partnership

Owner/Principle _____ SSN: _____

Insured By: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Location of Proposed Work Address: _____

Scope of Work:

Proposed Start Date: _____ Completion Date: _____

Authorized Signature: _____

Building Permit will be Secured By: () Contractor () Property/Home Owner

This application is for the year: _____, and expires on December 31, of that year.

Contractor is to submit at time of registration a current in effect Certification of Insurance naming the Village of Timberlake as additional Insured and a current copy of their Workmen's Compensation.

Send Check For: _____, Payable to: Village of Timberlake

Mail to: Timberlake Building/Zoning Department
 11 East Shore Blvd.
 Timberlake, Ohio 44095 -1937
 Attn: Gary Gray

