



Lakewood
Colorado

Parks Division

2775 South Estes Street
Lakewood, Colorado 80227
720.963.5240 Voice
720.963.5262 Fax

COLORADO COMPENSATION INSURANCE WAIVER

The undersigned, doing business as _____
(company name)

do hereby state that _____ operates with
(company name)

no other employees subject to the Colorado Compensation Act of the State of Colorado.

Signature

Date

Sworn before me this _____ day of _____ 20____.

By _____

Notary Public

My commission expires:

SEAL