



CITY OF LAKE STATION
BUILDING DEPARTMENT

1969 CENTRAL AVE.
LAKE STATION, IN 46405
PH: 962.4444
FX: 850.1386

"Affidavit"

Name: _____
(Print)

Address: _____

Name of Company: _____
(Print Name)

On my Oath: "I do not have any employees working for me, therefore, I do not carry workman's compensation insurance. I do carry liability and property damage insurance." (minimum coverage @ \$500,000.)

(Do not write below this line)

State of _____ County of _____

Before me personally appeared _____ who disposes and says: I know of my personal knowledge that the information provided above is true and correct.

Applicant's Signature

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____,

Place Seal Here

(Notary Public) Signature

(Notary Public) Print Name

My Commission Expires:

County of Residence: