

Tree Service Permit

APPLICATION

A. **Applicant** completes this section:

Date: _____

Company Name _____

Address _____

City: _____ Zip Code: _____

Contact Person: _____ Phone: (_____) _____

(Check one) Corporation ____ Partnership ____ Individual ____

Applicant provides information on the Truck Inventory Fee Worksheet.

B. **Town Clerk** Submit the following to the Town Clerk:

Fully completed truck inventory worksheet

Liability Insurance

Workers' Compensation Insurance

Disability Insurance

Fee Payment

Please complete this form, attach adequate proofs of insurance, include payment and submit to:

**Town of Greece
Attn: Town Clerk
1 Vince Tofany Blvd
Greece, New York 14612**

For Town Use

Fee Paid \$ _____

By _____ Date _____