

TOWNSHIP OF HAVERFORD
DEPARTMENT OF CODES ENFORCEMENT
1014 Darby Road
Havertown, PA 19083
(610) 446-1000 Ext. 2252
Fax: (484) 454-4186

AFFIDAVIT

I, _____ Trading as _____
hereby affirm that I am not obligated to maintain workers' compensation insurance under the
Pennsylvania Workers' Compensation Act as amended

Signature

Notary Signature

Sworn to and subscribed before me this _____ day of _____, 20_____

Name: _____

Address: _____

Cell: _____