

CITY OF WILLOWICK

BUREAU OF WORKER'S COMPENSATION EXEMPTION FORM

I, _____, hereby claim that I am the sole
(Print name)

proprietor of the afore-mentioned business, _____
(Company name)

_____, and am exempt from participating in Bureau of
Workers' Compensation.

(Date)

(Signature of Business Owner)

SWORN BEFORE ME AND SUBSCRIBED IN MY PRESENCE ON THIS _____
DAY OF _____, _____.

NOTARY PUBLIC _____