CONTRACTOR AFFIDAVIT

STATE OF ILLINOIS)
)
COUNTY OF WILL)

I, the undersigned, certify that I will be the sole employee of _____
Business Name

I, the undersigned, hereby acknowledge that proof of workers' compensation must be submitted to the Will County Land Use Department if any other employees are working on my behalf.

I, the undersigned, acknowledge that if I am found in violation for the failure to provide workers' compensation, the contractor registration for the above referenced business name will be revoked by the Will County Land Use Department.

DATED this the____day of _____, 20__

_____

Printed Name of Employee

_____

Signature of Employee

SWORN to subscribed before me, this ___ day _____, 20__

_____

NOTARY PUBLIC

My Commission Expires:

_____