



SILVER SPRING TOWNSHIP

"SUBURBAN SERENITY WITH URBAN PROXIMITY"

Mary Lou Pierce McLain, Chairman
Nancy Konhaus Griffie, Vice Chairman
Vincent T. DiFilippo
David R. Lenker, II
Nathan T. Spade

With this form you must submit a current **Certificate of Insurance for Worker's Compensation** or an **Affidavit of Exemption** and the **annual fee**.

Contractor Verification Form 2012

Date: _____

Contractor Business Name: _____

Street: _____ City: _____ State/Zip: _____

Business Phone: _____ Business Fax: _____

Business Email: _____

Contractor Federal Tax ID Employee Number: _____

PA Contractor Registration Number: _____

Worker's Compensation Insurance Holder and Policy No.: _____

Contact #1 (Required)
Name: _____

Contact #2 (Optional)
Name: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Annual Fee: **\$25.00** (As per SST Resolution 2012-01)

Please make check payable to: "Silver Spring Township"
Attn: Building Code Department
8 Flowers Drive
Mechanicsburg, PA 17050
(717) 591-9067 ■ (717) 591-9058

Check Number: _____