

# OFFICE OF CODE ENFORCEMENT

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## 2016 CONTRACTOR ACKNOWLEDGEMENT OF UNCHANGED STATUS OF BUSINESS INFORMATION AND INSURANCE COVERAGE

This certificate is to confirm that my/our contractor's business and insurance information supplied to the Sayre Borough Code Enforcement Office on Document Verification form for Contractor dated \_\_\_\_\_, by contractor named below, remains unchanged from previous year, including Liability and Worker's Compensation insurance.

I agree to contact the Code Office of any changes in my professional information or circumstances (i.e. business name, contact information, location, insurance coverage, legal status, etc.) within 30 days of change. The annual fee is not waived for this statement which is used in lieu of the standard contractor Document Verification form which must be completed each third year even if no changes have occurred.

Signed \_\_\_\_\_

DBA (Doing Business As) \_\_\_\_\_

Located at \_\_\_\_\_

Business phone # \_\_\_\_\_ cell \_\_\_\_\_

Email: \_\_\_\_\_

<b>Code office Use Only</b>	
Date	_____
CP#	_____
Issued By	_____
<b>Payment Method</b>	
Ck#	_____ \$ _____
Cash	\$ _____