Village of Oakwood PO Box 31, 100 S. Scott St. Oakwood, IL 61858

PH: 217-354-4255 Fax: 217-354-4901

villagehall@oakwoodil.org

www.oakwoodil.org

Approval Date:\_



## CONTRACTOR REGISTRATION

Company Name: (if using a DBA name, include both)		
Street Address:		
City:	_ State:	Zip Code:
Contact Name:		Phone:
Email Address:		
Website URL:		
labor beyond themselves), and nar	y any other I n Acord form General Liabi me client as A tion. Minor r registered si city equal to of Oakwood, Varranty bon	Illinois or Indiana county or municipality. In naming the Village of Oakwood. Ility, Auto, and Workers Comp(if using an Additional Insured before starting any maintenance and repairs are exempt. Urety.  50% of the aggregate value of all and be capable of providing Bid, ds if required by the client.
Signature of Applicant: Applicant agrees to comply with all require	ements adop	oted by the Village of Oakwood.
Signature of Public Works Manager:		