

For Office Use Only
VSR Reg # _____
Bond Exp Date _____
COL Exp Date _____
WC Exp Date _____
SL Exp Date _____
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VILLAGE OF SOUTH RUSSELL
5205 CHILICOTHE ROAD
SOUTH RUSSELL, OHIO 44022
440-338-6700
www.southerussell.com

CONTRACTOR REGISTRATION RENEWAL FOR 2021
PLEASE PRINT CLEARLY

LIST TYPE(S) OF REGISTRATION(S)

COMPANY NAME

PRINCIPAL'S SIGNATURE/DATE

PRINCIPAL'S PRINTED NAME

STREET ADDRESS

CITY, STATE AND ZIP

AND/OR

FEDERAL I.D. #

SOCIAL SECURITY #

BUSINESS TELEPHONE #

CELL PHONE #

EMAIL ADDRESS: _____

PLEASE ENCLOSE THE FOLLOWING REQUIRED PAPERWORK WITH YOUR SUBMITTAL:

____ ORIGINAL INSURANCE CERTIFICATION

____ COPY OF VALID WORKERS' COMP CERTIFICATION

____ SIGNED ORIGINAL BOND

____ COPY OF CURRENT STATE LICENSE(S)

____ \$100 FEE (check preferred/cash)

____ SELF-ADDRESSED, STAMPED ENVELOPE