Denver Parks and Recreation
Office of the City Forester

201 W. Colfax Ave, Dept. 605
Denver, CO 80202
p: 720.913.0651
f: 720.913.0787
forestry@denvergov.org
www.denvergov.org/forestry

License Holder: _____

Tree Company: _____

Street Address: _____

City, State Zip: _____

Date:_____

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Office of the City Forester
201 West Colfax Avenue, Department 605
Denver, CO 80202

Worker's Compensation Waiver

To whom it may concern:

Tree company name → _____ is an owner-operator company without employees, and therefore does not carry worker's compensation insurance; this status has been verified by the State of Colorado. Additionally, I agree to notify all clients in writing that this company does not carry worker's compensation insurance.

If_____ hires employee(s), I understand that my license to operate as a tree service in Denver is temporarily suspended until I provide the Office of the City Forester with proof of worker's compensation insurance.

Sincerely,

_____ _____
License holder Date

_____
Forestry Office Staff Witness Date

If signature is not witnessed by Forestry Office staff this document must be notarized*

_____
Notary Public Date