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## EXEMPTION FORM

Complete this if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Worker Compensation Law for one of the following reasons, as indicated:

\_\_\_\_ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless Contractor provides proof of insurance to the Borough.

\_\_\_\_ Religious exemption under the Worker's Compensation Law.

Please complete (print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

County Of: \_\_\_\_\_

Municipality of: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

GOOD FOR ONE YEAR FROM DATE SIGNED

**President** - Roger L. DeLarco  
**Vice-President** - William T. Reese  
**Councilwoman** - Sonia C. Wolbert  
**Councilman** - Edward Flory

**Mayor** - Armand M. Martinelli  
**Borough Manager** - James S. Phillips  
**Councilman** - Peter Begley  
**Councilman** - Donald Repsher

**Codes Officer/Health Officer** - John E. Blick  
**Solicitor** - John C. Prevoznik  
**Engineer** - R.K.R. Hess Assoc., Inc