



REGISTRATION # _____

2024 ARBORIST REGISTRATION

VILLAGE OF LLOYD HARBOR
32 MIDDLE HOLLOW ROAD
HUNTINGTON, NY 11743
PHONE: 631-549-8893 FAX: 631-549-8879

DATE: _____ NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

CELL: _____ FAX: _____

INSURANCE REQUIREMENTS (CERTIFICATES MUST BE ATTACHED)

Worker's Compensation Insurance _____
Disability Benefits Insurance _____
Commercial General Liability Insurance _____

I agree to comply with Village Codes regarding noise/tree removal/Vista Permits, etc. These include but are not limited to Code Chapters 141, 183 & 184 available online at: lloydharbor.org or at Village Hall. I am aware that any violation(s) of these codes may result in revocation of registration and/or fines.

Arborist's Signature _____

ANNUAL FEE \$250

Tree contractor permitted hours of service:

8:00 a.m. - 6:00 p.m. Monday - Friday

9:00 a.m. - 4:00 p.m. on Saturday

Prohibited on Sunday

MAIL completed application and a self – addressed, stamped envelope with a check payable to:

Village of Lloyd Harbor
32 Middle Hollow Rd. Huntington, NY 11743

***** OFFICE USE *****

DATE: _____ APPROVED BY _____

FORM OF PAYMENT: CASH _____ CHECK # _____

REGISTRATION IS ANNUAL AND EXPIRES ON DECEMBER 31ST OF THE YEAR ISSUED