

Rabun County Civic Center

25 Courthouse Square, Suite 201
Clayton, Georgia 30525
Phone 706-212-2149 ♦ Fax 706-212-2819

Workers' Compensation Wavier

Lessee: _____

Booking Number: rccc _____

Vendor: _____

Vendor Contact: _____

Vendor Address: _____

Phone No. _____

I _____ representing _____

understand the laws of the State of Georgia regarding Workers' Compensation and submit that by law the business listed above is not required to have such insurance. If found to be in non-compliance with the laws of the State of Georgia I realize that this business and myself will be required to accept full liability

Vendor Signature

Date

Lessee Signature

Date

Chashe Hunnicutt, RCCC Director

Date

FOR OFFICE USE ONLY

NOT APPROVED

Date _____

Signature _____