

TOWN OF TISBURY

Office of
BUILDING INSPECTION & ZONING ENFORCEMENT
POST OFFICE BOX 1239
VINEYARD HAVEN, MA 02568
Phone (508) 696-4280 – Fax (508) 696-7341

Property Owner Liability Insurance Waiver

I, _____ being the **Owner** **Agent of the Owner** _____, of the property
(Printed Name of Owner/Agent) (Check One)

located at _____ in Tisbury, MA, state that I am aware that my
(Street Number & Name Where Work Will Occur)

contractor _____ DOES NOT HAVE the insurance coverage
(Name of Contractor)

required by Chapter 112 of the Massachusetts General Laws, and that my signature below waives this requirement.

Signature of Owner/Agent

Date