Town of Sudbury, MA
275 Old Lancaster Road
Sudbury, MA 01776
Telephone #: 978-440-5461
Fax #: 978-440-5404
Email: building@sudbury.ma.us

Liability Waiver Form

Property Owner Name: _____

Property Owner Telephone #: _____

Location Address: _____

Licensed Professional Name: _____

License #: _____

Type of Application: (circle one)	Application No:
Electrical Plumbing Gas Sheet Metal	

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature, I hereby waive this requirement.

I am the: (Check only one) Owner ☐ Owner's agent ☐

Owner / Agent Name (print): _____

Tel. No: _____

Signature: _____ Date: _____

Email: _____