

## Request for Certificate of Insurance

Please complete and forward to Council office: Fax: 717.394.7776 or email: Leishamarie.rivera.org

Complete Shaded Areas	
Certificate Holder (Organization/Business)	
Organization/Business:	
Contact Name:	
Address:	
City, State Zip:	
Contact Telephone:	
Contact Email:	
Contact Fax Number:	
Amount Needed:	
Unit Type and Number:	
Start Date:	
End Date:	
Purpose:	
Requestor Information	
Name	
Telephone	
Email	