

AN ORDINANCE SUPERSEDING CHAPTER 5.16 OF THE CONWAY MUNICIPAL CODE:

Section 1: From and after the passage of this Ordinance, Chapter 5.16 of the Conway Municipal Code and the respective hereinafter set forth provisions of said Code shall be amended as follows:

5.16.01 Permit. Any person who, as a means of employment, cut or trim trees belonging to another person in the City of Conway shall be required to register with the Director of the Conway Sanitation Department. Additionally, at the time of registration, said person will be required to purchase a tree trimming permit with the cost of said permit being \$25.00. Said registration and permit will be valid for a one (1) year period beginning on the date of registration.

5.16.02 Responsibility. Any registered tree trimmer and/or cutter shall be required to advise the Sanitation Department of the City of Conway as to the location of each tree trimming and/or cutting job which occur in the City of Conway. Such advisement will be furnished to said department one (1) time before any such job is undertaken. The registered tree trimmer and/or cutter shall be responsible for removing any limbs, branches or other cutting and/or trimming debris from the job site. Under no circumstances will the Sanitation Department of the City of Conway undertake the removal of said debris. In addition, if the party employing said registered tree trimmer and/or cutter desires said debris to be left at such job site, the registered tree trimmer and/or cutter undertaking said job must advise said Department of this situation. The registered tree trimmer and/or cutter will, when instructed by the employing party to leave said debris at such job site, advise the employing party that said debris will not be picked up by the Sanitation Department of the City of Conway.

5.16.03 Penalty. Any person violating Section 5.16.01, upon conviction, shall be fined \$10.00 in addition to being required to register and purchase said permit. Any person violating Section 5.16.02, upon conviction, shall be fined \$25.00 for the first violation and \$50.00 for any subsequent violations.

Section 2: All ordinances or parts of ordinances that conflict herewith are hereby specifically ~~annulled~~ *Repealed*

Section 3: It being necessary for the protection of the public, an emergency is hereby declared to exist and this ordinance shall take effect immediately upon and after its passage.

PASSED: This 26 day of April, 1977.

ATTEST:

Doris Nunn
Doris Nunn, Clerk-Treasurer

APPROVED:

Jim A. Hoggard
Jim A. Hoggard, Mayor



Type of Insurance:
PERSONAL AUTO

Effective Date:
November 20, 2006

Expiration Date:
November 20, 2007

Date Processed:
February 09, 2007

LAPSE NOTICE

Underwritten By: ALFA VISION INSURANCE CORP.

Account Number: 11-03-001208175

Agent Number: 011-030127 20

Named Insured - 1208175:
LARRY THOMPSON
PO BOX 1444
CONWAY, AR 72033

BEST ONE STOP INS. AGENCY, INC
900 2ND ST
CONWAY, AR 72032-5684

Your coverage has been cancelled as of 12:01 A.M. February 04, 2007.

Past Due Amount:	13.96
Current Amount Due:	15.84
Reinstatement Fee:	5.00

Total Amount Due:	34.80
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It is not too late to reinstate your coverage. By sending in the total amount due, your coverage will be reinstated effective one day after the postmark date of your payment.

For your own financial well being, please do not drive without coverage. Please disregard this notice if you have already mailed your payment.

If you choose not to reinstate your coverage, you are still responsible for the past due amount of \$13.96 for coverage provided prior to your cancellation date.

Please return bottom portion with your payment.

ATTENTION CHECK WRITER: We convert all checks received into ACH Debits

We welcome your payment by check. To expedite the transaction we use ACH check conversion to deposit your check transaction. You will not receive a copy of your check in your bank statement. The amount, date, and description of the transaction will appear as a Debit memo on your bank statement.

Date: February 09, 2007

Account Number: 11-03 -001208175

Amount Due: 34.80

Due Date: February 04, 2007

Company:
ALFA VISION INSURANCE CORP.
PO BOX 2328
BRENTWOOD, TN 37024-2328

Insured:
LARRY THOMPSON
PO BOX 1444
CONWAY, AR 72033

Check if address incorrect - write address change on back.



Make a Payment or access your Policy Information online at www.AlfaVision.com. Payments by Phone also available by calling 1-877-384-7466.*

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* Additional fees may apply.

Insured Copy