



## CITY OF ASOTIN

[www.cityofasotin.org](http://www.cityofasotin.org)

Phone: 509-243-4411

PO Box 517 121 Cleveland Street Asotin WA 99402 Fax: 509-243-1223

### APPLICATION FOR PROFESSIONAL SERVICES ROSTER

If you wish to be placed on the Professional Services Roster for the City of Asotin, the following application must be completed. Your completion of this information is in response to a general announcement of the City's need for professional services in multiple categories and various types of professional services.

Name of Company \_\_\_\_\_

Key Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Bus.phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Website \_\_\_\_\_

Type of Business \_\_\_\_\_ Incorporated \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Other

If incorporated - state resident agent and address; If partnership or sole proprietor - state managing person and address.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal Tax Identification number \_\_\_\_\_

State of Washington Professional License No. \_\_\_\_\_

Licensed as: \_\_\_\_\_ (Please state specialty)

Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Business Name  
\_\_\_\_\_  
Print Name and Title  
\_\_\_\_\_  
Signature  
\_\_\_\_\_

**APPLICATIONS WILL BE KEPT ON FILE FOR THE CALENDAR YEAR 2016**

Please return form to the address listed above.