



SNOQUALMIE VALLEY Watershed Improvement District

2025 VENDOR LIST APPLICATION

APPLICANT INFORMATION

COMPANY NAME:	ADDRESS:
STREET ADDRESS:	APT, SUITE, BLDG.:
CITY:	STATE, ZIP:
EMAIL:	PHONE:
COMPANY WEBSITE:	
POINT OF CONTACT:	POINT OF CONTACT EMAIL:
WA STATE BUSINESS LICENSE #:	
TYPE OF PAYMENT ACCEPTED:	

REFERENCES

PLEASE PROVIDE THE NAMES AND ADDRESSES OF AT LEAST TWO (2) REFERENCES:	
REFERENCE #1:	CONTACT PERSON:
ADDRESS:	CITY, STATE, ZIP:
REFERENCE #2:	CONTACT PERSON:
ADDRESS:	CITY, STATE, ZIP:

CHECK BOXES FOR MATERIALS, SUPPLIES, EQUIPMENT, OR SERVICES PROVIDED BELOW:

- | | |
|---|--|
| <input type="checkbox"/> CULVERTS/BRIDGES | <input type="checkbox"/> WATER QUALITY METERS |
| <input type="checkbox"/> ENGINEERING EQUIPMENT (GPS, SURVEY) | <input type="checkbox"/> FLOW METERS |
| <input type="checkbox"/> DRAIN TILE AND WATER CONTROL SYSTEMS | <input type="checkbox"/> WEBSITE DESIGN AND MAINTENANCE |
| <input type="checkbox"/> IRRIGATION SCREENS | <input type="checkbox"/> LEGAL |
| <input type="checkbox"/> WATER METERS | <input type="checkbox"/> MARKETING |
| <input type="checkbox"/> PUMPS | <input type="checkbox"/> HAULING/SPREADING MATERIALS |
| <input type="checkbox"/> ENVIRONMENTAL MONITORING EQUIPMENT | <input type="checkbox"/> VEGETATION MANAGEMENT/MAINTENANCE |
| <input type="checkbox"/> BIOLOGICAL SAMPLING EQUIPMENT | <input type="checkbox"/> OTHER _____ |

PLEASE INCLUDE A W-9 WITH THIS APPLICATION FORM, AND INDICATE BY CHECKING BOX BELOW:

☐ W-9 ATTACHED

STATEMENT OF CERTIFICATION

I THE UNDERSIGNED DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT THERE HAS BEEN NO WILLFUL INTENT TO MISREPRESENT ANY FACT OR CIRCUMSTANCE REGARDING THE STATUS OF SAID FIRM OR ITS ABILITY TO PERFORM THE WORK INDICATED HEREIN.

SIGNATURE:	DATE:
PRINTED NAME:	TITLE: