

**CITY OF WESTPORT  
PO BOX 505  
WESTPORT, WA 98595**

**QUESTIONNAIRE FOR CONTRACTORS  
TO BE INCLUDED ON SMALL WORKS ROSTER**

- A. Company Name \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_
- B. Type of Business:  
Sole Proprietorship - Date Formed \_\_\_\_\_  
Partnership - Date Formed \_\_\_\_\_  
Corporation - Date Formed \_\_\_\_\_ State \_\_\_\_\_
- C. Washington State Contractor's License No. \_\_\_\_\_  
***Copies of your current state license and bond(s) are required to be placed on our roster.***  
Type of License \_\_\_\_\_ General \_\_\_\_\_ Specialty \_\_\_\_\_  
If specialty list \_\_\_\_\_
- D. List principals: (owners, partners, corporate officials)  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_
- E. Explain type of work the company is prepared and equipped to perform  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- F. The contractor's financial standing and responsibilities  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- G. The contractor's experience, organization, and technical qualifications necessary to perform proposed contracts  
\_\_\_\_\_  
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\_\_\_\_\_

H. The contractor's satisfactory record of performance and references

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I. The contractor's ready availability to perform in and for Grays Harbor County

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J. Must possess a current City and State Business License to conduct such work.

Request for proposal should be directed to City of Westport, Public Works Department.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date