

**CITY OF BELLINGHAM EMERGENCY PREPAREDNESS VENDOR FORM**

Return via fax (360-778-7750) or mail (Purchasing Division, 2221 Pacific Street, Bellingham, WA 98229)

Company/Firm Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Washington Business License Number \_\_\_\_\_ Contractor's License Number \_\_\_\_\_

City of Bellingham Business Registration Number \_\_\_\_\_

Currently under contract with another agency for emergency assistance? Yes  No

If yes, please list the agencies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT PERSONNEL**

Name and Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Beeper/Pager: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Nextel Direct Connect: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Beeper/Pager: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Nextel Direct Connect: \_\_\_\_\_

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