VENDOR FORM

Business and/or DBA Name _____

Address _____ Phone _____

City _____ State _____ ZIP _____

FAX _____ Web Address _____

Contact Name _____ Email _____

FEIN or SSN (*required*) _____

List below the materials, equipment, supplies or services available:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Fire District 9 use only:

Date Received _____ By _____

SPOKANE COUNTY FIRE DISTRICT 9
3801 East Farwell Road • Mead WA 99021 • phone 509-466-4602 • fax 509-466-4698 • admin@scfd9.org