## **2020 CONTRACTOR SERVICES APPLICATION**

Comp	any Name:
	r Name:
	ax ID Number:
Addre	ss:
Telepl	none Number:
1)	Number of employees:
	How much is your markup cost on items purchased (please explain):
-,	
3)	Total estimated cost for project:
	AND INSURANCE COVERAGE IN ORDER TO BE CONSIDERED.
AUTH	ORIZED REPRESENTATIVE:
	Signature:
	Title:
	Date:
	Please fill out the application and return to:  ADULT EDUCATION & CYBER CENTER
	ATTN: ROXANNE PLUMMER "CONTRACTOR SERVICES"

Completed applications must be received at the Adult Education & Cyber Center office by 1:00 p.m. on July 6, 2020. Your application and appropriate proof of licensure & insurance coverage should be sealed in an envelope with Contractor Services clearly marked on the outside.

P.O. BOX 122

**DUBOIS, WY 82513** 

If you have any questions, please call Roxanne Plummer at 455-4011.