

Contractor/Supplier's Questionnaire

Business Name: _____

Principal Contact: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Tax ID: _____ MT Contractors Registration: _____

General Description of Work Performed or Goods Supplied: _____

Minimum Size of Project: \$ _____

Maximum Size of Project: \$ _____

_____ Insurance Certificate Attached (must be updated as policies expire)

I understand that Fallon County will utilize the above information in determining appropriate contacts for quotes or proposals that do not meet the threshold for public advertisement and may also reach out to give information on bids that will be publicly noticed. It in no way obligates Fallon County or guarantees that contact will be made in either instance.

Signed:

Date: _____

Printed Name:
