

# Agreement Information Request Form

(Information Required to Begin Agreement Process)

**Project Name:** \_\_\_\_\_

**Entity Contact Information:**

Parent Business Name or Local Agency: \_\_\_\_\_

Billing Address.City.State.Zip.County: \_\_\_\_\_

Federal Tax ID No. (Required): \_\_\_\_\_

Remit To Address.City.State.Zip.County: \_\_\_\_\_

Statewide Vendor No. and Suffix (Required): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Project Information:**

State Route: \_\_\_\_\_ MP: \_\_\_\_\_ Nearest Cross St/Rd/Ave: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_

Proposed Project Start Date: \_\_\_\_\_

Description of Work by Entity within WSDOT Right of Way:

**To be Completed by Requesting WSDOT Office:**

Agreement Manager & Org Code: \_\_\_\_\_

Agreement Contact/WSDOT Representative & Org Code: \_\_\_\_\_

Amount of Agreement: \$ \_\_\_\_\_ Does the Agmt Amt Include ICR: Yes No

Charge Codes for Agreement Writer (if any): \_\_\_\_\_

Description of Work to be Performed by WSDOT: