

# SPOKANE COUNTY FIRE DISTRICT 8

## VENDOR FORM

Business and/or DBA Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FAX \_\_\_\_\_ Web Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

FEIN or SSN (*required*) \_\_\_\_\_

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

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Fire District 8 use only:

Date Received \_\_\_\_\_ By \_\_\_\_\_