

City of Bayfield

2022 Contractor's Statement Form

1. Business Name: _____
Name: _____
Home Phone #: _____ Business Phone #: _____
Address: _____
City/State: _____ Zip Code: _____
Email: _____

2. Are you a corporation? _____ Yes _____ No

3. Federal ID Number: _____
(If you do not have a Federal ID number you can download the application online at <https://sa2.www4.irs.gov/modiein/individual/index.jsp>)

4. Do you have any employees? _____ Yes _____ No
If yes, please fill out the information below.

Workmen's Compensation Policy: _____ Yes _____ No
Carrier: _____ Expiration Date of Policy: _____

(Please send Certificate of Insurance to: City of Bayfield, Sarah Mather, Office Assistant, P.O. Box 1170, Bayfield, Wisconsin, 54814)

5. Do have General Liability Insurance? _____ Yes _____ No
Carrier: _____ Expiration Date of Policy: _____

(Please send Certificate of Insurance to: City of Bayfield, Sarah Mather, Office Assistant, P.O. Box 1170, Bayfield, Wisconsin, 54814)

**I HEREBY STATE THAT THE INFORMATION GIVEN ABOVE IS TRUE
TO THE BEST OF MY KNOWLEDGE:**

Signature: _____
Dated this _____ day of _____, 202__.

RETURN FORM BY MAIL, EMAIL OR FAX:
CITY OF BAYFIELD, P.O. BOX 1170, BAYFIELD, WI 54814
cityoffice@cityofbayfield.com
(715) 779-5094