

	EXHIBIT E	PURCHASING DEPARTMENT 619 DIVISION ST. MS-7 PORT ORCHARD, WA 98366 PHONE: (360) 337-4788
	IDENTIFICATION OF SUBCONTRACTORS	

BIDDER'S NAME: _____

BIDDERS: Provide the following information for all proposed subcontractors that may provide services of any kind for the Contract. Additional pages may be attached if necessary

Full Legal Name:
Address:
Contact Person:
Telephone No. and Email Address:
Service(s)/items Solicited:

Full Legal Name:
Address:
Contact Person:
Telephone No. and Email Address:
Service(s)/items Solicited:

Full Legal Name:
Address:
Contact Person:
Telephone No. and Email Address:
Service(s)/items Solicited:

Full Legal Name:
Address:
Contact Person:
Telephone No. and Email Address:
Service(s)/items Solicited:

SIGNATURE (*Authorized Representative*): _____

Print Name and Title: _____

Dated this _____ day of _____, 2022