

City of Bayfield
20 _____ Contractor's Statement Form

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

2. 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>)

3. 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, Dakota Weeks, Office Assistant,
P.O. Box 1170, Bayfield, Wisconsin, 54814)**

4. Do have General Liability Insurance? _____ Yes _____ No

Carrier: _____ **Expiration Date of Policy:** _____

**(Please send Certificate of Insurance to: City of Bayfield, Dakota Weeks, 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 _____, 20____

RETURN FORM BY MAIL, EMAIL OR FAX:

CITY OF BAYFIELD
P.O. BOX 1170
BAYFIELD, WI 54814
cityoffice@cityofbayfield.com
(715) 779-5094