

Town of Brookline
PO Box 403
Brookline, Vermont 05345

PREFERRED VENDOR APPLICATION

Please check the type of Preferred Vendor that applies to this application:

/ / Electrician / / Plumber / / Landscaper / / Handyman

Contact Person: _____

Company Name (If applicable): _____

Mailing Address: _____

Phone Numbers— Business: _____
 Cell: _____
 Home: _____

Hourly Rate: \$ _____

List of skills/services you could provide to the town:

Name and Phone Number of References:

1) _____

2) _____

3) _____

Is a certificate of insurance attached: _____ Yes _____ No

Questions/ Comments:

Please fill out the above form and return to the Brookline Selectboard, P.O. Box 403, Brookline, VT 05345