



City of Port Orchard

216 Prospect Street, Port Orchard, WA 98366
(360) 876-4407 • FAX (360) 895-9029

BID FORM

ALL INTERESTED BIDDERS MUST COMPLETE AND SUBMIT THE FOLLOWING:

\$ _____ per single line (including applicable sales tax).

What are your paid circulation numbers within City limits, as well as inside the Port Orchard Urban Growth Area:

_____ Circulation Number within City limits

_____ Circulation Number within the Port Orchard Urban Growth Area
(Zip Codes 98366 and 98367)

Audited circulation? _____ Yes _____ No

Confirm you publish in hard-copy at least once a week? _____ Yes _____ No

Confirm you are equipped to provide an original Affidavit of Publication? _____ Yes _____ No

The undersigned states that he or she is authorized to submit a bid on behalf of the corporation, partnership, or sole proprietorship listed below and further states that the corporation, partnership, or sole proprietorship is bound by the above offer.

Name of Legal Newspaper: _____

Signed: _____ Title: _____

Typed or printed Name: _____

Address: _____ City/State/Zip: _____

Telephone Number: _____ Date: _____

Email: _____