

To Whom It May Concern::

If you are interested in being placed on the City of Glendale's consultants' list for performing professional services, please complete this form and return along with your Federal Standard Form 330 to the address below.

COMPANY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PLEASE INDICATE WHICH OF THE FOLLOWING SERVICES YOUR COMPANY PROVIDES:

<input type="checkbox"/> Aerial Photography	<input type="checkbox"/> Environmental	<input type="checkbox"/> Partnering
<input type="checkbox"/> Architectural	<input type="checkbox"/> Financial	<input type="checkbox"/> Research
<input type="checkbox"/> Attorney	<input type="checkbox"/> Forensic	<input type="checkbox"/> Structural
<input type="checkbox"/> Aviation	<input type="checkbox"/> Hydrology	<input type="checkbox"/> Surveying
<input type="checkbox"/> Bridge	<input type="checkbox"/> Landscape Architecture	<input type="checkbox"/> Sanitary/Water
<input type="checkbox"/> Civil Engineering	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Geotechnical
<input type="checkbox"/> Construction Management	<input type="checkbox"/> Marketing	<input type="checkbox"/> Transportation Planning
<input type="checkbox"/> Electrical	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Temporary Services

MINORITY YES\_\_\_ NO\_\_\_ CERTIFICATION BY \_\_\_\_\_

Return this form to: City of Glendale, Engineering Department  
5850 West Glendale Avenue  
Glendale, AZ 85301  
Fax (623) 915-2861