

# Information Required to Open Reimbursable Account with WSDOT

(Once information is received by WSDOT a Commitment of Reimbursement letter will be  
mailed to the Agency and/or Developer for an authorized signature)

**Project Name:** \_\_\_\_\_

## **AGENCY / DEVELOPER INFORMATION: (Responsible for bill payment)**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date Agreement Needed By: \_\_\_\_\_

## **PRINCIPLE CONSULTANT INFORMATION:**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

## **PROJECT INFORMATION:**

State Highway: \_\_\_\_\_

Milepost or nearest cross street: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_

Proposed Work Start Date: \_\_\_\_\_ Estimate of Cost: \_\_\_\_\_

Description of Work Planned in State Right of Way: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_