

**CITY OF KALAMA
PO Box 1007
Kalama, WA 98625**

TO: All Permit Applicants Permit No. _____

SUBJECT: Contractor/Subcontractor Work

All contractors and subcontractors are required to have a City of Kalama business license. Please provide a list of contractors, sub-contractors, or other businesses who will be involved with this project:

Name _____ **Name** _____

Address _____ **Address** _____

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