



Notice of Mailing Address

Please complete this Notice of Mailing Address and return with the executed copies of the Contract and Bond documents to:

Washington State Department of Transportation
Contract Payment Section, Wing 3B
310 Maple Park Avenue SE
PO Box 47420, Olympia, WA 98504-7420

To: Company Name and Address

	Contract Number
	Project Title

Received by WSDOT	Federal Employer ID Number (IRS)	Statewide Vendor Number
Phone Number	Fax Number	Email
Industrial Insurance Account Number	State Excise Tax Registration Number	UBI Number
Is your business: Sole Proprietorship Partnership Corporation Please complete and return the attached W-9 form.		

Correspondence Address: Check the box next to the appropriate delivery address for receipt of correspondence.

Physical Address _____ _____ _____	Postal Delivery Address (If different from physical address) _____ _____ _____
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Payment Address: Indicate appropriate delivery address for payment disbursement. If selecting "other" please fill out address correctly, if it is not filled out payment may be delayed.

Physical Address (listed above)	Other (specify): →	_____
Postal Delivery Address (listed above)		_____

Payment Delivery Method: (Indicate preferred method of delivery)

Mailed Warrant (Check)

Direct Deposit (EFT) - The Statewide Vendor/Payee record determines this payment method - please make note which you have chosen. If you wish to change that information or do not know that it is current, please update the attached Statewide Payee Registration form DOT Form 134-102

Retainage Options (Check One):

Retainage Bond - Check if you wish to exercise the option to submit a retainage bond as provided for in RCW 60.28. A retainage bond will be forwarded to your firm for execution.

Retainage held in Escrow - Check if you wish to exercise the option to have your retained percentage placed in escrow as provided for in RCW 60.28. Please indicate the name and address of the bank or trust company in the space below.

Bank Name and Address	Bank Phone
_____	_____
_____	Bank Contact Person
_____	_____

Check if you do not wish to exercise either option. Retainage will be held by WSDOT.

Contact Name (Please Print)	Contractor's Signature	Date
_____	_____	_____