

**Information needed to complete an Interlocal Agreement
with Department of Printing**

Political Sub-Division name (Library): _____

Mailing address: _____

Delivery address (if different from mailing address): _____

Phone number: _____

Fax number: _____

Name of person who will sign the agreement: _____

Signatory's title: _____

Name of Program Manager – this is simply the person who receives the
correspondence and billing, often different than the Signatory: _____

Tax Identification Number: _____

E-Mail: _____

Would you like to receive the Department of Printing quarterly newsletter,
PrintWorks? YES NO

Electronic

Hard copy

Please send to: Kathy Forbes, Washington State Department of Printing,
PO Box 798, Olympia, WA 98507-0798. (360) 570-5031 FAX: 360-586-
8831 Email: kathy@prt.wa.gov