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YEAR:			

PROFESSIONAL SERVICES SUBMISSION FORM

Please complete this form and attach your organization's qualifications. Submissions can be made to the City Clerk's Office by either mailing to P. O. Box 1908, Fort Smith, AR 72901 or by emailing ajones@fortsmithar.gov. (20MB file size limit)

Business Name:				
Mailing Address:				
City:		_ State:	Zip:	
Phone Number:				
Email:				
Please indicate the type of service(s)) provided:			
☐ Advertising and Video Production	ı Services			
Aquatic Park Management and Marketing Services				
☐ Architectural				
☐ Construction Management				
☐ Consulting				
Engineering				
External Accounting				
☐ Financial Advisory				
☐ Graphic Design				
Land Acquisition and Appraisal Services				
☐ Land Surveying				
☐ Legal				
☐ Software and Website Development				
☐ Staffing Services☐ Title Search and Insurance Services				
I fille Search and insurance Servi	Les			
Has your organization previously wo	rked with the City	of Fort Smith?		
Yes	☐ No			
Does your organization have a City of Fort Smith business license?				
☐ Yes	☐ No			