



## City of Homer Plan Holder Registration Form

This form is required to be considered a plan holder. Send completed form to [rkrause@ci.homer.ak.us](mailto:rkrause@ci.homer.ak.us) or fax to 907-235-3143, or deliver to the City of Homer City Clerk's office at 491 E. Pioneer Avenue, Homer, AK 99603.

PROJECT NAME: REQUEST FOR PROPOSALS FOR AMBULANCE BILLING &  
COLLECTION SERVICES

COMPANY NAME:

CONTACT PERSON:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

FAX:

EMAIL: