



Petersburg Borough
Finance Department
PO Box 329 Petersburg, AK 99833
907-772-4425

Sub-Contractor Verification Form

Sub-Contractor Name: _____ Contact: _____

Mailing Address: _____

Phone: _____ Email: _____

Sales Tax ID #: _____ Resale Certificate: _____

Project Description: _____

Dates of Services / Project: _____

Primary Contractor: _____ Contact: _____

Mailing Address: _____

Phone: _____ Email: _____

Sales Tax ID #: _____ Resale Certificate: _____

I hereby declare that the above information provided is true to the best of my knowledge and belief, and that I understand this form can be used to verify compliance with the Petersburg Borough Sales Tax Ordinance.

Signature: _____ Date: _____

Print Name: _____

For Office Use Only:

Verified By: _____ Approved By: _____

Notes: _____

