



PROFESSIONAL SERVICES INFORMATION SHEET

Please fill out and submit the following form ONLY. When we require additional information we will contact you.

Firm Name: _____

Contact Name: _____

Business Address: _____

Nevada Registration: _____

Telephone: _____ FAX: _____

Email Address: _____

How long have you been in business at the above address? _____

Do you have or are you able to obtain Errors and Omissions Insurance?

Yes _____ No _____

Major Area of Concentration or specialty:

Additional Information:

Please return to: Reno Housing Authority, 1525 E. Ninth St., Reno, NV 89512