



Thank you for your interest in becoming a vendor/supplier for us. If you wish to apply for this status, please fill out this form. A hard copy may be mailed or faxed to the West Haven Housing Authority.

Business Name _____

Business Type _____

Products/Services offered by your company _____

Company Website _____

Company Address _____

Name of Person Representing the Company _____

Contact Email _____

Contact Phone _____

West Haven Housing Authority

15 Glade Street, West Haven, CT 06516

T: 203-934-8671, F: 203-937-5788

Email: whha@westhavenhousing.org