

Subcontractor Information Form

Contract Title: _____

Contract Number: _____

Name of the Primary Contractor: _____

Address of the Primary Contractor: _____

Phone Number of the Primary Contractor: _____

Name of the Subcontractor: _____

Address of the Subcontractor: _____

Phone Number of Subcontractor: _____

Number of Employees of the Subcontractor: _____

Dollar amount the subcontractor will be paid: _____

Describe the work the subcontractor will be performing:

Does the subcontractor have any other contractors working for them that will be performing work for the City contract? _____ If yes, please list all subcontractors, including name, address, phone number, number of employees and the amount each subcontractor will be paid:

I certify that that above information is true.

Print Name
(Prime Contractor)

Signature

Date

Print Name
(Subcontractor)

Signature

Date

For OCA Use Only

Date Received: _____

Comments: _____

