



OFFICE OF CITY COLLECTOR

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SUBCONTRACTOR/SUPPLIER/INSTALLATION & SERVICE PROVIDER INFORMATION FORM

Please Print or Type

Company Name: _____
(Name of Subcontractor/Supplier/Installation or Service Provider)

Federal Employer Identification Number (FEIN): _____

Address: _____

Telephone: _____ Fax: _____ Cell: _____

Email: _____ Contract Amount \$ _____

General Contractor: _____

Project: _____

Brief Description of Work to be Performed: _____

Contract Date: _____ Start Date: _____

Do You Anticipate Change Orders? Yes___ No___ Don't Know_____

Name and Phone Number of Contact Person Regarding This Contract:

Name _____ Phone _____

Signature of Person Completing This Form

****Please Return to the Above Physical Address, Fax Number or Email Address****