



City of Celina

Celina Income Tax Department
225 N. Main St., Celina, OH 45822
Phone: 419-586-2594 Fax: 419-586-2577
E-mail: celinatax@celina.ohio.org

Project Information & Contact List

Name of Project: _____
Use project title as exactly on award letter or contract

Name of Land Owner: _____
Owner Address: _____
Owner Phone: _____

An explanation of deviations to *Subcontractor List* must be provided. If a subcontractor is added or replaced explain why in the provided "Comments" area.
Return this form by mail, fax or e-mail at the address above.

Prime Contractor: _____
Ohio Contractor Registration #: _____
Federal ID #: _____
Street Address: _____
City, State, Zip: _____
Office Phone #: _____
Fax #: _____
Project Manager: _____
Project Manager E-mail Address: _____
Superintendent: _____
Superintendent E-mail Address: _____
Superintendent Cell Phone #: _____
Site Phone #: _____
Primary Emergency Contact: _____
Secondary Emergency Contact: _____
(Not required if Primary is answered 24 hours)

List additional names and e-mail addresses of those in your company (that were not listed on the Subcontractor List)

Name & Title _____	Email _____
Name & Title _____	Email _____
Name & Title _____	Email _____
Name & Title _____	Email _____
Name & Title _____	Email _____

- Do not follow-up with hard copy by mail.
- If you do not intend to use any subcontractors, check here:

Meeting Folder: __/__/__

Subcontractor: _____

Section & Description: _____

Ohio Contractor Registration #: _____

Federal ID #: _____

Street Address: _____

City, State, Zip: _____

Office Phone #: _____

Fax #: _____

Emergency Contact: _____

Primary Contact & Title _____

Type of work:

- Excavation/Grading
- Wrecking-Demolition
- Roofing-Siding-Sheet Metal
- Fire Protection
- Plumbing
- Electrical-Telecommunications

- Site Utilities
- Concrete
- Windows/curtainwall
- Elevator (other)
- Electrical
- Material Supplier only

- Landscaping
- Steel/Metals
- Flooring
- HVAC
- Electrical-Fire Alarm

- Paving
- Carpentry/Millwork
- Painting
- HVAC - Hydronic

Subcontractor: _____

Section & Description: _____

Ohio Contractor Registration #: _____

Federal ID #: _____

Street Address: _____

City, State, Zip: _____

Office Phone #: _____

Fax #: _____

Emergency Contact: _____

Primary Contact & Title _____

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Subcontractor: _____

Section & Description: _____

Ohio Contractor Registration #: _____

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