

Meeting Folder: __/_/_

City of Celina

Celina Income Tax Department 225 N. Main Street Celina, Ohio 45822 Phone: 419-586-2594 Email: <u>celinatax@celinaohio.org</u>

Project Information & Contact List							
Name of Project:							
	project title as exactly on award letter or contract						
Name of Land Owner							
Owner Address:							
Owner Phone:							
An explanation of deviations to Subcontractor List	nust be provided. If a subcontractor is added or replaced explain why in the provided "Comments" are:						
	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)							
Vistable - 1							
	se in your company (that were not listed on the Subcontractor List)						
Name & Title							
Name & Title	<u>Email</u>						
Name & Title							
Name & Title							
Name & Title	Email						
Do not follow we wish hard arms I was it							
 Do not follow-up with hard copy by mail If you do not intend to use any subcontra 							
- II YOU GO HOL IIILEHG LO USE ANY SUDCONTRA	ictors, check here:						

Subcontractor:	_					
Section & Description:	_					
Ohio Contractor Registration #:						
Federal ID #:						
Street Address:	_					<u> </u>
City, State, Zip:	_					
Office Phone #:						
Fax #:						
Emergency Contact:					11000	
Primary Contact & Title	_					
Type of work: Excavation/Grading Wrecking-Demolition Roofing-Siding-Sheet Metal Fire Protection Plumbing Electrical-Telecommunications	00000	Site Utilities Concrete Windows/curtainwall Elevator (other) Electrical Material Supplier only	0000	Lanscaping Steel/Metals Flooring HVAC Electrical-Fire Alarm	0000	Paving Carpentry/Millwork Painting HVAC - Hydronic
Subcontractor:	_					
Section & Description:						
Ohio Contractor Registration #:	_					
Federal ID #:	_					
Street Address:						
City, State, Zip:						
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Fax #:	_					
Emergency Contact:	_		*************			
Primary Contact & Title	_					The state of the s
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Subcontractor:	_					
Section & Description:	_	Chronic Control of the Control of th				A
Ohio Contractor Registration #:	_					
Federal ID #:	_					
Street Address:						
City, State, Zip:						
Office Phone #:	_					
Fax #:	-				······································	1500
Emergency Contact:	-					
Primary Contact & Title	-					

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Subcontractor	· _					
Section & Description						
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Federal ID#						
Street Address	: _		~			
City, State, Zip	:					
Office Phone #	:					
Fax #	:					
Emergency Contact	:					
Primary Contact & Title	_					***************************************
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Section & Description:	_					
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Emergency Contact:	_	· · · · · · · · · · · · · · · · · · ·				
Primary Contact & Title						1000000
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Comments: