

**SUBCONTRACTOR INFORMATION FORM**  
**COMPLETE AND RETURN THIS FORM WITH THE SOLICITATION RESPONSE**

**SOLICITATION NUMBER:** \_\_\_\_\_

**RESPONDENT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

- **CIRCLE ONE - NO, I WILL NOT USE SUBCONTRACTORS ON THIS CONTRACT**      **NO**
- YES, I INTEND TO USE SUBCONTRACTORS ON THIS CONTRACT**      **YES**  
If yes complete the information below

1. Subcontractor Name \_\_\_\_\_  
Name of Contact \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number (      )      Fax Number: (      )  
Describe work to be performed \_\_\_\_\_  
Percentage of contract work to be performed      %

2. Subcontractor Name \_\_\_\_\_  
Name of Contact \_\_\_\_\_  
Title of Contact \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number (      )      Fax Number: (      )  
Describe work to be performed \_\_\_\_\_  
Percentage of contract work to be performed      %

- *Add additional pages as needed*