

APPENDIX N
CONTRACTOR INFORMATION SHEET

CONTRACTOR INFORMATION SHEET

Firm Name and Address: _____

Contractor's License No.: _____

License Class: _____

License Expiration Date: _____

Telephone No.: _____

Emergency Telephone No.: _____

Contractor's Project Manager:

Name: _____

Telephone No.: _____

Emergency Telephone No.: _____

Contractor's Superintendent:

Name: _____

Telephone No.: _____

Emergency Telephone No.: _____

Contractor's Signature: _____ Date: _____

Received: CITY OF COACHELLA:

By: _____ Date: _____