CONTRACTOR PRE-QUALIFICATION FORM

Dear Contractor:

Thanks for your interest in the city of Lock Haven's Sidewalk Repair Program. Contractors who are interested in participating in this program must meet and document the minimum requirements to the city. The contractors who meet the minimum requirements will be placed on a pre-qualified list. Only contractors on this list will be allowed to participate in the program.

Contractor Name: Address		PA Contractor #		
		Zip		
	Phone	Fax		
	Email			
Number	of years' experien	nce doing similar work:		
Describe V	Vork Experience:			
list two re	ferences (must be jo	oh-related):		
Name:	Terences (mast be)	bo related).	Phone:	
Name:			Phone:	
		Contractor signature		Date
Vour appli	cation will be review	ved by the city and your n	ame will be placed on	a list for consideration
Return the		ved by the city and your n	aine will be placed on	a list for consideration.
	onora Hannagan, Ci	ty Planner		
Lo	ck Haven City Hall –	Second Floor		
	E Church St, Lock H			
	(570) 893-5903	F: (570) 893-5905		
lha	annagan@lockhave	npa.gov		
		CITY USE	ONLY	
	General liab	oility & workers compensa		ed: Yes No
		ligible for participation in		
	Codo	Enforcement Officer signatu	re	Date
	COMP	CHARLEST CHILD TO STUDIO III		17016