



CITY OF CHARLESTON, WV
OFFICE OF THE CITY COLLECTOR
P.O. Box 2749, Charleston, WV 25330

CITY OF CHARLESTON SUBCONTRACTOR INFORMATION FORM

Please Print or Type

Company Name _____

Federal Employer Identification Number (FEIN) _____

Address _____

Telephone _____ Fax _____ Cell _____ Email _____

General Contractor _____

Project _____

Contract Amount \$ _____

Brief Description of Work to be Performed _____

Contract Date _____ Start Date _____

Do You Anticipate Change Orders? Yes ___ No ___ Don't Know ___

Name and Phone Number of Contact Person Regarding This Contract:

Name _____ Phone _____

Signature of Person Completing This Form

Please Return To: Office of the City Collector
P.O. Box 2749
Charleston, WV 25330