

CONTRACTOR REPORT

Please make a copy of this form for each submission.

FIRM NAME: _____

CONTACT: _____

PHONE: _____ **FAX:** _____

E-MAIL: _____

PROJECT DESCRIPTION *(including project name, project size, etc.):* _____

LOCATION *(Address, City):* _____

CLIENT NAME: _____

TERM *(Estimated construction start and completion):* _____

PROJECT COST: _____

PROPERTY TYPE:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Assisted Living/Senior Housing | <input type="checkbox"/> Biotech / Laboratory | <input type="checkbox"/> Correctional | <input type="checkbox"/> Cultural / Community |
| <input type="checkbox"/> Education: Higher Education | <input type="checkbox"/> Education: K - 12 | <input type="checkbox"/> Energy | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Flex / Office | <input type="checkbox"/> Government | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Industrial / Warehouse |
| <input type="checkbox"/> Land / Site Development | <input type="checkbox"/> Maintenance Facility | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Medical Office / Health Care |
| <input type="checkbox"/> Military | <input type="checkbox"/> Mixed-Use | <input type="checkbox"/> Multifamily | <input type="checkbox"/> Office / Corporate Campus |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Religious | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Utilities | <input type="checkbox"/> Special Purpose / Other
<i>(entertainment, automotive, bowling alley, golf course, marina, etc.)</i> | |

Please fax to Jill Harris at 303-623-2217