



City of Celina

Celina Income Tax Department
225 N. Main St., Celina, OH 45822
Phone: 419-586-2594 Fax: 419-586-2577
E-mail: celinatax@celinachio.org

Project Information & Contact List

Name of Project: _____

Use project title as exactly on award letter or contract

Name of Land Owner _____

Owner Address: _____

Owner Phone: _____

**An explanation of deviations to *Subcontractor List* must be provided. If a subcontractor is added or replaced explain why in the provided "Comments" area.
Return this form by mail, fax or e-mail at the address above.**

Prime Contractor: _____

Ohio Contractor Registration #: _____

Federal ID #: _____

Street Address: _____

City, State, Zip: _____

Office Phone #: _____

Fax #: _____

Project Manager: _____

Project Manager E-mail Address: _____

Superintendent: _____

Superintendent E-mail Address: _____

Superintendent Cell Phone #: _____

Site Phone #: _____

Primary Emergency Contact: _____

Secondary Emergency Contact: _____

(Not required if Primary is answered 24 hours) _____

List additional names and e-mail addresses of those in your company (that were not listed on the Subcontractor List)

Name & Title _____ Email _____

Name & Title _____ Email _____

Name & Title _____ Email _____

Name & Title _____ Email _____

Name & Title _____ Email _____

- Do not follow-up with hard copy by mail.
- If you do not intend to use any subcontractors, check here:

Meeting Folder: __/__/__

Subcontractor:

Section & Description: _____

Ohio Contractor Registration #: _____

Federal ID #: _____

Street Address: _____

City, State, Zip: _____

Office Phone #: _____

Fax #: _____

Emergency Contact: _____

Primary Contact & Title _____

Type of work:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Excavation/Grading | <input type="checkbox"/> Site Utilities | <input type="checkbox"/> Lanscaping | <input type="checkbox"/> Paving |
| <input type="checkbox"/> Wrecking-Demolition | <input type="checkbox"/> Concrete | <input type="checkbox"/> Steel/Metals | <input type="checkbox"/> Carpentry/Millwork |
| <input type="checkbox"/> Roofing-Siding-Sheet Metal | <input type="checkbox"/> Windows/curtainwall | <input type="checkbox"/> Flooring | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Elevator (other) | <input type="checkbox"/> HVAC | <input type="checkbox"/> HVAC - Hydronic |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical | <input type="checkbox"/> Electrical-Fire Alarm | |
| <input type="checkbox"/> Electrical-Telecommunications | <input type="checkbox"/> Material Supplier only | | |

Subcontractor:

Section & Description: _____

Ohio Contractor Registration #: _____

Federal ID #: _____

Street Address: _____

City, State, Zip: _____

Office Phone #: _____

Fax #: _____

Emergency Contact: _____

Primary Contact & Title _____

Type of work:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Excavation/Grading | <input type="checkbox"/> Site Utilities | <input type="checkbox"/> Lanscaping | <input type="checkbox"/> Paving |
| <input type="checkbox"/> Wrecking-Demolition | <input type="checkbox"/> Concrete | <input type="checkbox"/> Steel/Metals | <input type="checkbox"/> Carpentry/Millwork |
| <input type="checkbox"/> Roofing-Siding-Sheet Metal | <input type="checkbox"/> Windows/curtainwall | <input type="checkbox"/> Flooring | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Elevator (other) | <input type="checkbox"/> HVAC | <input type="checkbox"/> HVAC - Hydronic |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical | <input type="checkbox"/> Electrical-Fire Alarm | |
| <input type="checkbox"/> Electrical-Telecommunications | <input type="checkbox"/> Material Supplier only | | |

Subcontractor:

Section & Description: _____

Ohio Contractor Registration #: _____

Federal ID #: _____

Street Address: _____

City, State, Zip: _____

Office Phone #: _____

Fax #: _____

Emergency Contact: _____

Primary Contact & Title _____

Type of work:

- Excavation/Grading
- Wrecking-Demolition
- Roofing-Siding-Sheet Metal
- Fire Protection
- Plumbing
- Electrical-Telecommunications

- Site Utilities
- Concrete
- Windows/curtainwall
- Elevator (other)
- Electrical
- Material Supplier only

- Lanscaping
- Steel/Metals
- Flooring
- HVAC
- Electrical-Fire Alarm

- Paving
- Carpentry/Millwork
- Painting
- HVAC - Hydronic

Subcontractor:

Section & Description:
 Ohio Contractor Registration #:
 Federal ID #:
 Street Address:
 City, State, Zip:
 Office Phone #:
 Fax #:
 Emergency Contact:
 Primary Contact & Title

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Subcontractor:

Section & Description:
 Ohio Contractor Registration #:
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Comments: