

Subconsultant / Subcontractor / Supplier Key Personnel Contact Form

Name of Subconsultant / Subcontractor/ Supplier: _____

Name of Project: _____

Name of Signing Authority: _____

Tel: _____

Cell: _____

Fax: _____

Email Address: _____

Name of Certifier of Payroll Form WH-347 _____

Tel: _____

Cell: _____

Fax: _____

Email Address: _____

Name of On-site Project Manager/Supervisor: _____

Tel: _____

Cell: _____

Fax: _____

Email Address: _____

Name of Billing Contact: _____

Tel: _____

Cell: _____

Fax: _____

Email Address: _____

Name of Contact for Insurance Certificates: _____

Tel: _____

Cell: _____

Fax: _____

Email Address: _____

Submitted by Name: _____

Submitted by Title: _____

Submitted on Date: _____

Tel: _____

Please return completed form to Marathon Construction Services, LLC, Attn: Construction Administrator
30050 SW Town Center Loop West, Suite 200, Wilsonville, OR 97070
Email: info@marathoncs.com or fax: 503.582.8383