



ELECTRICAL TECHNOLOGIES

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WBE Owned and Operated

SUBCONTRACTOR INFORMATION SHEET

PROJECT: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

PROJECT MANAGER: _____

PHONE # AND/OR MOBILE #: _____

EMAIL ADDRESS: _____

SUPERINTENDENT: _____

PHONE # AND/OR MOBILE #: _____

EMAIL ADDRESS: _____

ACCOUNTING CONTACT: _____

PHONE # AND/OR MOBILE #: _____

EMAIL ADDRESS: _____