Contractor Data Questionnaire

Brown County Board of Commissioners
Brown County, Indiana

*Complete this questionnaire and return to the County Resource Manager, Dr. Michael Thompson, 2nd Floor, County Office Building.

Date_____

Name of Company_____

Owner of Company_____

Trade (electrical, plumbing, HVAC, mechanical, concrete, general, etc.)_____

Address_____

Phone_____

Email_____

Webpage (if applicable)_____

Company for Proof of Insurance (include address and phone number)_____

_____

Are You Bondable? Yes No

Recent Jobs_____

_____

References_____

_____

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