

CPXXXX REQUEST TO SUBLET WORK

- SUBCONTRACTOR
 LOWER TIER SUBCONTRACTOR

| | | |
|-------------------------|----------------------------|-------------------|
| PRIME CONTRACTOR | FEDERAL EMPLOYER I.D. NO.* | CITY CONTRACT NO. |
| JOB DESCRIPTION (Title) | | REQUEST NUMBER |

APPROVAL IS REQUESTED TO SUBLET THE FOLLOWING DESCRIBED WORK TO:

| | | | |
|--|-----------------|-----------------------------|-------------------------------|
| SUBCONTRACTOR OR LOWER TIER SUBCONTRACTOR | | UBI # | EMPLOYMENT SECURITY I.D. NO.* |
| L & I LICENSE # | EXPIRATION DATE | FEDERAL EMPLOYER I.D. No. * | EXPIRATION DATE |
| CITY BUSINESS LICENSE # | EXPIRATION DATE | EMAIL ADDRESS | |
| ADDRESS | | TELEPHONE NO | |
| CITY | STATE | ZIP | ESTIMATED STARTING DATE |
| IF LOWER TIER SUBCONTRACTOR, ID OF CORRESPONDING SUBCONTRACTOR | | . | : |

* If no Federal Employer ID No., use owner's Social Security No.

WORK TO BE SUBLET

| ITEM NO. | PARTIAL | ITEM DESCRIPTION | AMOUNT |
|----------|---------|------------------|--------|
| | | | |

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|---|----------------------------|------|
| I understand and will ensure that the Subcontractor will comply fully with the plans and specifications under which this work is being performed. | PRIME CONTRACTOR SIGNATURE | DATE |
|---|----------------------------|------|

THIS AREA FOR CITY OF AUBURN USE ONLY

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|---|---|
| PERCENT OF TOTAL CONTRACT THIS REQUEST _____ PREVIOUS REQUESTS _____ % SUBLET TO DATE _____ % | REMARKS: <input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE |
|---|---|

| | |
|-----------------------------------|------|
| PROJECT INSPECTOR | DATE |
| <input type="checkbox"/> APPROVED | |