

CITY OF WEST COVINA

CONTRACTORS INTEREST FORM FOR CALIFORNIA UNIFORM PUBLIC CONSTRUCTION COST ACCOUNTING ACT INFORMAL BIDDING PROCESS

Name of Company:	
Address:	
Telephone: ()	Fax: ()
Email:	Contact Name:

Indicate work or services your company is interested in (i.e. – plumbing, electrical, painting, grading):

Current Licenses:

<u>Class</u>	<u>License Number</u>
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Fill out completely and return by (1) email to rbasilyous@westcovina.org (2) Fax: (626) 939-8660 or (3) Mail: City of West Covina, Public Works Department – Romany Basilyous, 1444 W. Garvey Avenue South, West Covina, CA 91790.