CITY OF Salem AT YOUR SERVICE

Contractor Roster

PROJECT NAME:	WAGE DECISION NUMBER/MODIFICATION NUMBER:
CONTRACTOR:	DATE:

SUBCONTRACTOR	TRADES	WAGE DETERMINATION PROVIDED (YES/NO)	DEBARMENT CHECKED (YES/NO)	INSURANCE/BOND RECEIVED YES/NO)	PAYROLL TRAINING YES/NO)

Submit a copy of this form to City of Salem, Urban Development Department, ATTN: Rena Peck, 350 Commercial St NE, Salem, OR 97301 or Email: RPeck@cityofsalem.net or FAX: 503.589.2054 prior to the project start date.

EQUAL HOUSING OPPORTUNITY