SUPPLEMENTAL QUESTIONNAIRE
For Lobby and Work Station Remodel Project 2018

Name of Business: ________________________________

1. Year business established ____________________.

2. Years of experience doing work similar to work being requested ___________.

3. Are you willing to do on-site work in the evenings and/or weekends?
   Yes_______ No________ If not, explain what steps will be taken to minimize noise and disruption to City business.

4. Provide an example of how you have assisted customers in the past with final design.

5. Explain your communication process.

6. Describe what sets your company apart from other contractors and/or why the City should hire your company.
7. Please provide contact information for three references, preferably current or former clients.

   Company name: ____________________________________________________________
   Contact name: ____________________________________________________________
   Contact phone # or email address: ____________________________________________
   Date worked for this company: ______________________________________________

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   Contact name: ____________________________________________________________
   Contact phone # or email address: ____________________________________________
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   Company name: ____________________________________________________________
   Contact name: ____________________________________________________________
   Contact phone # or email address: ____________________________________________
   Date worked for this company: ______________________________________________

8. Will you be subcontracting ANY of the described work?  
   Yes_______ No________ If yes, provide the following for each subcontractor:

   Name of Business: _________________________________________________________
   Name of Authorized Agent: ________________________________________________
   Construction Contractor’s Board No.: _________________________________________
   Contractor’s License Expiration Date: _________________________________________

   Attach additional sheets of paper if additional room is needed to adequately answer any of the questions on this questionnaire.

   Questionnaire Completed by: _______________________________________________