Griffin Construction Company
Building since 1965!
610 Towson Avenue
Post Office Box 2207
Fort Smith, Arkansas 72902-2207
Website: http://www.griffinprop.com

Telephone (479) 783-5191 Fax (479) 783-8397

PROJECT DATA SHEET

(RETURN WITHIN 10 DAYS TO THE COMPANY NAMED ABOVE)

Project Name:_____

Street Address: _____

City: _____ State: _____ Zip: _____

SUBCONTRACTOR INFORMATION

Subcontractor Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Representative to contact regarding vendor/subcontract account balances:
Name: _____ Phone number: _____

Will you furnish a bond on this project: _____

Bonding Company Contact Information:
Name of bonding company: _____
Contact name at the bonding company: _____
Phone number of the bonding company: _____

VENDOR INFORMATION

(List any and all vendors who will furnish materials for this project)

Vendor Name: _____

Vendor Mailing Address: _____

Vendor City/State/Zip: _____

Vendor Phone:_____ Vendor Fax: _____

What will this vendor be supplying to the project: _____

****

Vendor Name: _____

Vendor Mailing Address: _____

Vendor City/State/Zip: _____

Vendor Phone:_____ Vendor Fax: _____

What will this vendor be supplying to the project: _____

****

Vendor Name: _____

Vendor Mailing Address: _____

Vendor City/State/Zip: _____

Vendor Phone:_____ Vendor Fax: _____

What will this vendor be supplying to the project: _____

****

Vendor Name: _____

Vendor Mailing Address: _____

Vendor City/State/Zip: _____

Vendor Phone:_____ Vendor Fax: _____

What will this vendor be supplying to the project: _____

****

SECOND TIER SUBCONTRACTOR INFORMATION

Second Tier Subcontractor Name: _____

Second Tier Subcontractor Mailing Address: _____

Second Tier Subcontractor City/State/Zip: _____

Second Tier Sub Phone:_____ Second Tier Sub Fax:_____

What portion of the work with this Second Tier Subcontractor Perform: _____

****

Second Tier Subcontractor Name: _____

Second Tier Subcontractor Mailing Address: _____

Second Tier Subcontractor City/State/Zip: _____

Second Tier Sub Phone:_____ Second Tier Sub Fax:_____

What portion of the work with this Second Tier Subcontractor Perform: _____