

SENT BY: _____

Credit Dept.
Switchgear Dept.
Lighting Dept.

Fax: 703-741-0423
Fax: 703-536-4069
Fax: 703-961-1777

JOB INFORMATION SHEET

Please provide as much information as possible and fax to the number checked above..

DATE: _____

ELECTRICAL CONTRACTOR:

CONTRACT No: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

BONDING COMPANY NAME: _____

Address: _____

JOB NAME: _____

Address: _____

City: _____ State: _____ Zip: _____

TYPE OF JOB:

- PRIVATE
 STATE
 FEDERAL
 OTHER

APPOXIMATE DATE OF FIRST RELEASE: _____

GENERAL CONTRACTOR:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

BONDING COMPANY NAME: _____

Address: _____

MINORITY PARTICIPATION REQUIRED? PLEASE PROVIDE:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

DOMINION'S PURCHASE AGREEMENT AMOUNT: \$ _____

NOTE: PLEASE FORWARD A STATE **SALES TAX EXEMPTION CERTIFICATE** IF APPLICABLE
OR STATE SALES TAX WILL BE BILLED ACCORDINGLY ON THIS PROJECT.