



P.O. BOX 1009 POPLAR BLUFF, MISSOURI 63902-1009 PHONE 573-785-8265 www.pbhousing.org

CONTRACTOR INFORMATION SHEET

Company Name: _____

Type of Work: _____

Contact Person: _____ Title: _____

Address: _____

_____ Phone: _____

Fax: _____ Email: _____

Minority Owned, Women Owned: YES _____ NO _____ Section 3: YES _____ NO _____

FEIN/SS#: _____

Date of Last Bonding Job: _____ Amount: _____

General liability required with Poplar Bluff Housing Authority named additional insured.

Workers comp required with employees.

Fill out W9.

List References (list a minimum of 3 references - use additional sheets as necessary)



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Please fax information to Tammy Harper @ 573-785-2060 or email to tammy@pbhousing.org.