



REQUEST FOR PREVAILING WAGE RATE DECISION

1 Project Title: \_\_\_\_\_

2 Physical Location of Jobsite (including county)

Physical Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

3 Estimated Bid Opening Date: \_\_\_\_\_

4 Funding Source (who is funding the project): \_\_\_\_\_

5 Estimated Cost of the Classification of Construction

Highway/Utilities: \_\_\_\_\_

Building: \_\_\_\_\_

Residential: \_\_\_\_\_

Heavy Engineering: \_\_\_\_\_

6 Description/Scope of Work (be specific): \_\_\_\_\_

\_\_\_\_\_

7 Duration of Construction Project

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

8 Address to where wage determination should be sent to

Contact/Title: \_\_\_\_\_

Name of Contracting Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_