

Account Name:

333 Broadway, Winnipeg, MB R3C 4W3 Telephone 954-4505 • Toll Free 1-855-954-4321

Fax 204-954-4983 • Toll Free in Canada 1-866-245-0796

Account Number:

Sub-contractor List

Project Name: Location:	OF	Cleara	nce: Please complete all	columns	
PLEASE PRINT IN	BLOCK LETTERS				
Column 1 Column 2		Column 3	Column 4	Column 5	
Account Number	Name & Address of Sub-contractor	Type of Work	Sub-contractor's Portion of Contract (\$ Value)	Materials Included	
				Yes	No
Do not include sup Indicate "Yes" onl	oply only sub-contractors. y where the major items being installed are sup	plied by the sub-cont	ractor.		
Signature:	Position:		Date:		