



METROPOLITAN SEWER DISTRICT OF GREATER CINCINNATI (MSDGC)
PROFESSIONAL SERVICES
SUBCONTRACTOR APPROVAL & SUBSTITUTION REQUEST FORM

PLEASE PRINT

Project/Program Name Agreement # Work Order #

REQUESTING CONTRACTOR

Requesting Contractor Address

City State Zip

Contact Person Phone No.

Email Address

SUBCONTRACTOR [] New [] Substitution

Subcontractor Address

MSDGC SBE City State Zip

Contact Person Phone No.

Email Address

Dollar amount for work to be performed by the subcontractor: \$

Scope of work (attach sheet if additional space needed):

Estimated Starting Date: / / Estimated Completion Date: / /

SIGNATURES

Requesting Contractor Date Federal Tax ID Number

Subcontractor Date Federal Tax ID Number

Subcontractor at time of original award (if substitution) Date Federal Tax ID Number

MSDGC SBE Manager Date

Director of Sewers Date

Chief Procurement Officer Date

City Manager Date