



CONTRACT REQUEST FORM

PH: (206) 382-4273 • FAX: (206) 382-4266 • Email: construction@seattlearch.org

Today's Date: _____

Contract Type: Construction Abatement Demolition Consultant Other

Permit: By Owner By Contractor Not Required TBD Applied Issued

Name of Building, Area or Facility Involved: _____

PARISH / SCHOOL INFORMATION

Parish Name: _____

Parish Rep: _____

Phone: _____ Email: _____

Address: _____ City, State, ZIP _____

CONTRACTOR INFORMATION

Business Name: _____

Representative: _____

Phone: _____ Email: _____

Address: _____ City, State, ZIP _____

Description of Project:

Work Begin Date: _____ Work End Date: _____

Contract Amount: _____ Deposit: Yes No If Yes, Amount: _____
(Excluding Tax)

Source of Funds: PFS Fundraising Other, please explain: _____

Account Name: _____ Account No.: _____

Please indicate any priced contractor options in the contract amount to be included:

CONTRACT DOCUMENTS ATTACHED:

- Bid/Estimate/Proposal
- Certificate of Liability Insurance
- Asbestos Report
- Drawings
- Site Graphic or Aerial with work areas marked (**Required for roofs, parking lots, landscaping**)