

SUBCONTRACTOR LISTING FORM

Each contractor is required to furnish a list of all subcontractors to the Village of Fairfax Tax Department. Complete this form and return to us promptly.

Project name _____ date submitted _____

Project location/address _____

Submitted by (name of contractor) _____

Address _____ Phone _____

Subcontractor Name _____

Address _____ Phone _____

Contact person _____

Subcontractor Name _____

Address _____ Phone _____

Contact person _____

Subcontractor Name _____

Address _____ Phone _____

Contact person _____

Subcontractor Name _____

Address _____ Phone _____

Contact person _____

Subcontractor Name _____

Address _____ Phone _____

Contact person _____

Subcontractor Name _____

Address _____ Phone _____

Contact person _____

List additional subcontractor on separate sheet.

***RETURN COMPLETED FORM WITHIN 10 DAYS to:**

Village of Fairfax, Attn: Tax Dept., 5903 Hawthorne St., Fairfax (Cinti.), OH 45227
Phone (513) 527-6506 Fax (513) 561-5748