

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF GENERAL SERVICES



**CONTRACTOR CONTACT INFORMATION FORM**

CONTRACTOR NAME \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

SUPERVISOR EMAIL \_\_\_\_\_ SUPERVISOR CONTACT PHONE # \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

COTR NAME Dwayne J. Coley DIVISION DYRS / Risk Management Specialist

COTR PHONE NUMBER (202) 299-3110 COTR EMAIL dwayne.coley@dc.gov

CONTRACT START DATE N/A CONTRACT END DATE N/A

PLEASE DESCRIBE THE DUTIES YOU WILL PERFORM FOR THE DISTRICT/DRES: \_\_\_\_\_

The Contractor requesting permission to attend a facility site visit associated with Request for Proposal No. : DCAM-19-NC-RFP-0008

AREA ACCESS REQUIRED DYRS YSC Facility - 1000 Mt. Olivet Road, N.E. Washington D.C. 20002

\_\_\_\_\_  
COTR SIGNATURE

\_\_\_\_\_  
COTR NAME

\_\_\_\_\_  
DATE

All Contractor's must return with this complete form, a front and back copy of his/her valid government issued identification (e.g. Drivers License or State Identification Card).

I understand that this authorization is only valid for the above mentioned location and is valid through the expiration date indicated.

\_\_\_\_\_  
CONTRACTOR SIGNATURE

\_\_\_\_\_  
DATE