

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