

COUNTY OF SURRY - FACILITIES MANAGEMENT DEPARTMENT
CONTRACTOR INFORMATION FORM

Please be sure that all information is complete and accurate. Please be specific in describing the products or services you wish to provide to Surry County.

Note: Completion and submission of this form does not guarantee solicitation of offers nor award of contracts from the County. This information will be used to include applicants on bidder's lists when opportunities arise in which your product or services may be beneficial to the County.

Company Name (As listed with the Office of the Secretary of State of North Carolina)

Or

Owner Name (Last Name, First Name / Middle Initial)

Please list type of Products or Services your company can provide

Contact Name _____ Title _____

Office Phone _____ Mobile Phone _____ Fax _____

E-Mail _____

Website Address _____

Physical Address _____

P.O. Box (if applicable) _____

City, State and Zip Code _____

Name of person completing form _____

Note: Contractors selected to provide services for Surry County will be required to carry sufficient insurance coverage, which includes general liability and worker's comp. coverage. A Certificate of Insurance (COI) will be kept on file whenever work is being performed which names Surry County as an Additional Insured.