

Rochester Housing Authority
CONTRACTOR UPDATE FORM

INSTRUCTIONS: Please complete **ONLY** the information which requires changing. This form is broken up into three sections, 1) Contact Information, 2) Signatory Information and 3) Type of Work.

ONLY this original form with the original signature of an officer of the company will be accepted.

SECTION 1

Contact Information

Date of Change: _____

Contractor Name: _____

Street Address: _____

City, State, Zip: _____

Primary Phone #: (____) _____

Secondary Phone #: (____) _____

Fax Number: (____) _____

E-Mail Address: _____ @ _____

On Vacation: Start: ____/____/____ End: ____/____/____

SECTION 2

Signatory Changes

The following individuals are authorized to execute Construction Contracts, Lien Waivers, pick up materials, etc. on behalf of the firm.

NOTE: To DELETE an individual currently authorized to sign on the firms behalf, please list their name below and write DELETE next to their name.

Signatory 1: _____
(Signature) _____ (Printed Name)

Signatory 2: _____
(Signature) _____ (Printed Name)

Signatory 3: _____
(Signature) _____ (Printed Name)

Signatory 4: _____
(Signature) _____ (Printed Name)

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SECTION 3 **Contract Amounts / Type of Work**

Contract Size: Place an 'X' next to each contract type that you wish to add to your profile.

_____ 1 Pick (Up to \$2000) _____ 3 Pick and 6 Pick (\$2000-\$50,000)

Trade Types: Place an 'X' next to each type of work that your wish to add to your profile.

- | | | |
|----------------------------|------------------------------|-----------------------------|
| _____ General Remodeling | _____ Vacancy Rehabs | |
| _____ Electrical* | _____ Plumbing* | |
| _____ Sewers | _____ Carpentry | _____ Boardup |
| _____ Roofing | _____ Flat Roof | _____ Siding |
| _____ Windows/Doors | _____ Flooring | _____ Carpeting |
| _____ Hardwood Flooring | _____ Masonry/Concrete | _____ Asphalt |
| _____ Landscaping | _____ Fencing | _____ Painting |
| _____ Welding | _____ Glass/Screen Repair | _____ Alarms |
| _____ Power Washing | _____ Lead Testing** | _____ Lead Abatement** |
| _____ Asbestos Testing** | _____ Asbestos Abatement** | _____ Asbestos Monitoring** |
| _____ Mold Testing** | _____ Mold Remediation** | _____ Mold Monitoring** |
| _____ Other: _____ | _____ HVAC Residential | _____ HVAC Commercial |
| _____ Furnace Installation | _____ Emergency Furnace Work | _____ Furnace Cleaning |
| _____ Boiler Controls | _____ Pumps | |

*- City of Rochester License Required before update is made, license must be in name of company or name of a company employee **-Your firm must supply valid certifications for these categories before your firm is added to these categories

I hereby request the Rochester Housing Authority to make the above requested modifications to my contractor account.

ORIGINAL SIGNATURE REQUIRED / NO COPIES or FAXES

Contractor Signature

Date

Printed Name