ATTACHMENT C BID NO. 6100053934

## **CONTRACTOR POINT OF CONTACT FORM**

## **Contact for Contract related issues** Company Name: Mailing Address: City, State, Zip Code: Contact person: Telephone Number: E-mail Address: Contact to submit purchase orders (must be able to call/fax/email) Contact person: Telephone Number: E-mail Address: Fax Number: **Emergency Point of Contact** Emergency Point of Contact: 24 Hour Phone Number: \_\_\_\_\_ Secondary Point of Contact: 24 Hour Phone Number: