

CONNECTICUT DEPARTMENT OF LABOR

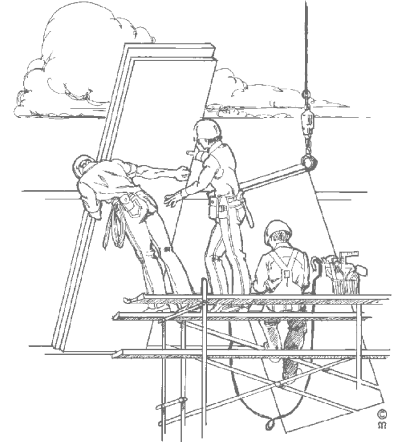
PREVAILING WAGE RATES REQUEST FORM

CONTRACTING AGENCY/POLITICAL SUBDIVISION OR THEIR AGENT REQUESTING RATES

Project Name and Number (If Applicable):

Location of Project:

Project Description:



Total Cost of Project:

Estimated Duration of the Project: Start Date: _____ End Date: _____

Date Advertised to Bid:

√ Check the Type of Schedule(s) Needed:

- 1) BUILDING
- 2) HEAVY/HIGHWAY
- 3) RESIDENTIAL

MAIL _____ OR PICK-UP _____

*Please fax or mail to: Connecticut Department of Labor
Wage & Workplace Standards Division
Attention: Holly Carter
200 Folly Brook Blvd.
Wethersfield, CT 06109
Fax Number (860)263-6541
Telephone Number (860)263-6549*

Come visit us on our website at WWW.CTDOL.STATE.CT.US

Now you can request rates through our website at



WWW.CTDOL.STATE.CT.US/WGWKSTND/PREVGFM.HTM

As required by law please submit requests for rates at least ten (10) days but not more than twenty (20) days prior to the date of advertisement for bid.



NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON REQUESTING RATES: