



Griffin Construction Company
Building since 1965!
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 Fort Smith, Arkansas 72902-2207
 Website: <http://www.griffinprop.com>

Telephone (479) 783-5191 Fax (479) 783-8397

PROJECT DATA SHEET
 (RETURN WITHIN 10 DAYS TO THE COMPANY NAMED ABOVE)

Project Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

SUBCONTRACTOR INFORMATION

Subcontractor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Representative to contact regarding vendor/subcontract account balances:

Name: _____ Phone number: _____

Will you furnish a bond on this project: _____

Bonding Company Contact Information:

Name of bonding company: _____

Contact name at the bonding company: _____

Phone number of the bonding company: _____

VENDOR INFORMATION

(List any and all vendors who will furnish materials for this project)

Vendor Name: _____

Vendor Mailing Address: _____

Vendor City/State/Zip: _____

Vendor Phone: _____ Vendor Fax: _____

What will this vendor be supplying to the project: _____

Vendor Name: _____

Vendor Mailing Address: _____

Vendor City/State/Zip: _____

Vendor Phone: _____ Vendor Fax: _____

What will this vendor be supplying to the project: _____

Vendor Name: _____

Vendor Mailing Address: _____

Vendor City/State/Zip: _____

Vendor Phone: _____ Vendor Fax: _____

What will this vendor be supplying to the project: _____

Vendor Name: _____

Vendor Mailing Address: _____

Vendor City/State/Zip: _____

Vendor Phone: _____ Vendor Fax: _____

What will this vendor be supplying to the project: _____

SECOND TIER SUBCONTRACTOR INFORMATION

Second Tier Subcontractor Name: _____

Second Tier Subcontractor Mailing Address: _____

Second Tier Subcontractor City/State/Zip: _____

Second Tier Sub Phone: _____ Second Tier Sub Fax: _____

What portion of the work with this Second Tier Subcontractor Perform: _____

Second Tier Subcontractor Name: _____

Second Tier Subcontractor Mailing Address: _____

Second Tier Subcontractor City/State/Zip: _____

Second Tier Sub Phone: _____ Second Tier Sub Fax: _____

What portion of the work with this Second Tier Subcontractor Perform: _____

