

## Form 6

### Vendor's Use of Subcontractors

Respondent  
Solicitation:

Closing Date:

Dept/Agency: Department of Public Property

### Subcontractor Disclosure Information

#### \*Required Fields

☐ Check here if no subcontractor(s) are to be used. List all subcontractor(s) you are planning to use if award this contract. Use multiple forms if more than one subcontractor will be utilized.

\* Subcontractor Name:

\*Address 1:

Address 2:

\*City:

\*State:

\*Phone:

\*Amount to be Paid:

\*or Percentage to be Paid: