ATTACHMENT “C”

JOB START FORM

Project Name

Project Location:

Address:

City:

State:

Zip:

Approximate Start Date:

Approximate Duration:

Estimated Manpower at Peak:

Date Submitted:

Submitting Contractor:

Submitter's Name:

This form is to be emailed or faxed to Local Union 305 Office, within 24 hours of starting a project for the job to be covered by Northeast Indiana Market Recovery Agreement.

E-mail: DSADE@IBEW305.ORG;

Fax: (260)483-8828