

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
- 4) SPANISH RATES (available in Building Only upon request)

MAIL _____ PICK-UP _____ OR E-MAIL (provide email address)

*Please fax or mail to: Connecticut Department of Labor
Wage & Workplace Standards Division
Attention: Resa Spaziani, Matthew Ferri or Holly Carter
645 South Main Street
Middletown, CT
Telephone Number (860) 754-5181 and (860)754-5186*

Come visit us on our website at WWW.CT.GOV/DOL

Now you can request rates through our website at

WWW.CTDOL.STATE.CT.US/WGWKSTND/FORMS/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: