

**IN ORDER TO COMPLETE YOUR
RE-EVALUATION PROCESS, IT IS CRITICAL THAT YOU ATTACH YOUR COMPANY'S
MOST RECENTLY COMPLETED BALANCE SHEET, INCLUDING ACCOUNTANT'S COVER
LETTER. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS
INFORMATION.**



Failure to submit a complete Application and balance sheet may result in your firm being removed from our prequalified contractor database.

Please submit completed application and balance sheet (including accountant’s cover letter) to Renee Fromme or Robin Heitz. If you have any other questions regarding prequalification please feel free to contact us.

<p style="text-align: center;">(If you firm’s name starts with the letters A-J)</p> <p style="text-align: center;">Contact: Renee Fromme Buyer-Procurement Services</p> <p style="text-align: center;">Phone: (502) 569-3600 ext. 2300 Fax: (502) 569-0815 Email: rfromme@lwcky.com</p>	<p style="text-align: center;">(If you firm’s name starts with the letters K-Z)</p> <p style="text-align: center;">Contact: Robin Heitz Buyer-Procurement Services</p> <p style="text-align: center;">Phone: (502) 569-3600 ext. 2256 Fax: (502) 569-0815 Email: rheitz@lwcky.com</p>
<p>Louisville Water Company 550 South Third Street Louisville, KY 40202</p>	

LOUISVILLE WATER COMPANY CONTRACTOR RE-EVALUATION APPLICATION FORM

CONTRACTOR

Firm Name _____

Business Address _____

City, State, Zip _____

Business Phone Number _____ Business Fax Number _____

E-Mail Address _____ Fiscal Year End : _____

TYPE OF ORGANIZATION

_____ Corporation

Incorporated in the State of _____

_____ Partnership

In the Year _____

_____ Sole Proprietorship

Years under present management _____

PRINCIPAL OFFICERS

POSITION (President, V-President, Secretary, Treasurer)

CONTACT PERSON (NAME)

CONTACT PERSON (PHONE #)

CONTACT PERSON (Email Address) _____

PARENT COMPANY OR RELATED SUBSIDIARIES:

EMPLOYEES AND PERSONNEL

TOTAL NUMBER OF EMPLOYEES _____ # PERMANENT FIELD EMPLOYEES _____
PERMANENT OFFICE STAFF _____ # SEASONAL FIELD EMPLOYEES _____
CONSTRUCTION MANAGEMENT _____

CLASSIFICATION: Check all that apply.

_____ **MINORITY** A business that is at least 51% owned, controlled and operated by a minority group.

_____ **WOMEN** A business that is at least 51% owned, controlled and operated by a woman or women.

_____ **HANDICAPPED** A business that is at least 51% owned, controlled and operated by a handicapped person(s).

If you have been certified in one of the classifications above, please indicate the date and certifying agency in the spaces below.

DATE OF CERTIFICATION: _____
(Minority, Women, Handicapped Classification)

CERTIFICATION ON FILE WITH WHAT AGENCY?

- City of Louisville
- Metropolitan Sewer District
- Kentuckiana Minority Supplier Development Council
- Transit Authority of River City
- Other, Name _____

PLEASE ATTACH A CURRENT COPY OF YOUR CERTIFICATION

SIGNATURE

The foregoing statements are true to the best of my knowledge.

Signed By: _____

Date: _____

STATE OF]
] SS
COUNTY OF]

I, the undersigned notary public within and for the state and county aforesaid, do hereby
Certify that the foregoing instrument of writing was this day produced to me in said state and
County by _____
And was acknowledged and delivered by (him) to be (his) act and deed.

WITNESS by my hand this _____ day of _____, 20_____.

My commission expires _____, 20_____.

(Notary Public)

If a corporation, attach a certified copy of minutes authorizing signer to represent corporation.

SUBMITTED BY: _____ DATE: _____