

**APPENDIX F**

**CITY OF SAN BERNARDINO  
MUNICIPAL WATER DEPARTMENT**

**DEVELOPER-INSTALLED  
INFORMATION SHEET**



City of San Bernardino  
Municipal Water Department  
195 North "D" Street  
San Bernardino, CA 92402

Date Completed: \_\_\_\_\_

**DEVELOPER-INSTALLED INFORMATION SHEET**

1. Owner: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Location: \_\_\_\_\_
  
2. Contracting Agent: \_\_\_\_\_  
Legal Name of Company: \_\_\_\_\_  
Legal Name and Title of  
Representative to Sign Agreement: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cellular/Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Insurance Broker: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cellular/Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_
  
3. Bonding Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cellular/Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_
  
4. Escrow Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cellular/Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_
  
5. Construction Management Firm: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cellular/Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_

**DEVELOPER-INSTALLED INFORMATION SHEET (CONTINUED)**

Insurance Broker: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cellular/Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_

6. Pipeline Contractor: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ License No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cellular/Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Insurance Broker: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cellular/Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_

7. Plumbing Subcontractor: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ License No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cellular/Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Insurance Broker: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cellular/Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_

6. Project Manager  
(Contact): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cellular/Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_

7. Estimated number of calendar days to complete the project: \_\_\_\_\_  
Estimated Construction Start Date: \_\_\_\_\_  
Estimated Construction Completion Date: \_\_\_\_\_