

Attachment J – Subconsultant Listing

MILWAUKEE COUNTY

DEPARTMENT OF ADMINISTRATIVE SERVICES, FACILITIES MANAGEMENT DIVISION

COMPLETE LISTING OF SUBCONSULTANTS

(To Be Completed by Prime Consultant)

DATE: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

PROJECT NO.: \_\_\_\_\_

PRIME CONSULTANT: \_\_\_\_\_

In the execution of the subject Prime Consultant Agreement, I/We propose to use the following subconsultants:

No.	<u>Name &amp; Address</u>	<u>Type of Service</u>	<u>Principal Contact</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Milwaukee County  
Department of Administrative Services  
Facilities Management Division

For Prime Consultant:

Approved (No.'s): \_\_\_\_\_

Rejected/Resubmit (No.'s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date