

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 & 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