STATE OF OHIO REQUEST FOR PREVAILING WAGE RATES

Important: If you wish to retain a copy of this form for your records, please print it prior to clicking on the "Submit" button. When you click the "Submit" button, a prompt should appear which will allow you to obtain the necessary wage rates by clicking on the "view wage rates" button. Submitting this form notifies the Bureau of Labor and Worker Safety of your project. Wage rates will not be sent to you by mail as a result of the submission, rather you should obtain them by clicking on the "view wage rates" button.

Public Authority Information

Owner/Public Authority Name: Department Division or Agency: Street Address:	ODRC OFCC 30 West Spring Street	Date: 03/06/2023 This form must be filled out completely & correctly for us to process your request. Forms not completed correctly will be returned to the sender.
Address 2:	4th Floor	ODOC Date Stamp
City, OH	Columbus	
ZIP:	43215	
Email:	sylvia.slivo@ofcc.ohio.gov It is required that you list your e-mail address here.	
County of Public Authority:	FRANKLIN	
P.A. Phone:	6146445575	

Project Information

Project Name: SCC Watermain Replacement ODOC Date Tab) Site Address: 5900 B.I.S. Road City, OH Lancaster	e Stamp (Bld
eses z.i.e. riodd	
City, OH Lancaster	
ZIP: 43130	
County of Project: FAIRFIELD	
Prevailing Wage Coordinator Name Sylvia Slivo	
Address: 30 West Spring Street	
City, Columbus	
ZIP : 43215	
Phone: 6146445575	
Issuing Authority of Bonds:	
Estimated Total 0verall Project Cost:	
Type of Financing:	
Type of Construction: New Construction Old Construction	
This Project is Commercial	

Expected Date of Contract Award:	4.11.23 example 05/31/98	
Doto	4.11.24 example 05/31/98	
	DRC-21F001 (optional)	

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Submit

Please contact our Webmaster with questions or comments.

LAW 1002