



help

Service Provider: 1077124 / Midwest Constructors Inc

Description of Work:

hep

TO BE COMPLETED BY SERVICE PROVIDER:

Service Provider Verification of Provider Services:

Company Name Midwest Constructors Inc.

Signature of Company Representative _____

Date _____

Self Preform _____ Sub Contracted _____ Combination (Self Preform/Sub Contracted) _____

TO BE COMPLETED BY USPS Employee:

Customer Verification of Site Visit:

Signature: _____ Title: _____

Date _____ Printed Name _____ (MUST BE LEGIBLE)

Comments

CAN BE RETURNED VIA EMAIL - christian@mwconstructors.com  OR FAX - 763 331 0155

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