

**SUBCONTRACTOR SUBMITTAL FORM**

Oakstead Community Development District  
Pasco County, Florida

Name of Proposer: \_\_\_\_\_

Name of Authorized Signatory of Proposer: \_\_\_\_\_

Title of Authorized Signatory of Proposer: \_\_\_\_\_

We propose to use the following subcontractors for portions of the project as further described in our proposal:

Project Component	Subcontractor	License #	Contact #

**Please attach proof of insurance of the subcontractors**

\_\_\_\_\_, 2018  
Signature of Authorized Signatory of Bidder

Sworn before me on \_\_\_\_\_, 2018

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Notary Seal