

**ABCD – Susquehanna Chapter
2017/2018 Bridge Awards Submission Form**

Bridge Name _____

Location (i.e. Route, etc.) _____

Crossing _____

Person Submitting _____

Representative of _____

Designer Contractor Fabricator Owner

Owner Information

Full Name of Contact Person _____

Company/Institution Name _____

Daytime Tel. No. _____

Email Address _____

Business Mailing Address _____

Contractor Information

Full Name of Contact Person _____

Company/Institution Name _____

Daytime Tel. No. _____

Email Address _____

Business Mailing Address _____

Fabricator Information

Full Name of Contact Person _____

Company/Institution Name _____

Daytime Tel. No. _____

Email Address _____

Business Mailing Address _____

Designer Information

Full Name of Contract Person _____

Company/Institution Name _____

Daytime Tel. No. _____

Email Address _____

Business Mailing _____

Checklist for attached

- \$50.00 check
 - Executive summary, 6 copies
 - Written narrative, 6 copies
 - List of significant project features, 6 copies
 - Photographs and 11 x 17 drawings, 6 copies
 - Photographs on CD, 1 copy
 - Submission form, 1 copy
 - 30 x 30 Panel, 1 copy
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