

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS DIVISION OF LABOR STANDARDS

**REQUEST FOR WAGE DETERMINATION** 

PLEASE RETURN TO: Division of Labor Standards

Division of Labor Standards Attn: Prevailing Wage Section P.O. Box 449 Jefferson City, MO 65102-0449 Phone: 573-751-3403 Fax: 573-751-3721 Email: <u>prevailingwage@labor.mo.gov</u> Website: <u>www.labor.mo.gov/DLS/PrevailingWage/pwBodies</u>

## **REQUESTER INFORMATION**

290.340 and 290.550 through 290.580 RSMo). Name of Requester ( <i>please print</i> )	Doquestor Title			
Name of Requester ( <i>prease print</i> )	Requester Title			
Requester Organization		Phone Number (inclu	uda Araa Coda)	
requester Organization		Phone Number ( <i>include Area Code</i> )		
ailing Address Email Ad				
City	State	719	Code	
Chy	State	2.11	code	
PUBLIC BODY INFORMATION				
Contact Person at Public Body				
Official Name of the Public Body requesting the wage rates	esting the wage rates		Phone Number (include Area Code)	
Street Address	Email Address			
City	State	710	Code	
	State		code	
FUNDING INFORMATION				
Will the federal government or any of its agencies furnish loans o	r grants for any part of the fu	nds used in your contracts	?	
If "Yes," will the federal government or any of its agencies also p Yes No	rescribe a schedule of Prevail	ing Wage Rates?		
COUNTY(IES) REQUESTED				
Please list county(ies) requested:				
(for St. Louis, please specify "County" or "City")				
ANNUAL WAGE ORDER				
The Annual Wage Order is accessible on the Division's website a	t <u>www.labor.mo.gov/DLS/Pro</u>	evailingWage.		
Email address:				

Requester Signature

Date of Request