Date:

Dear XXX:

You are currently listed as an approved contractor with CDBG Program Consultant Name/Town name as part of the Housing Rehabilitation program.   We are currently in the process of updating our contractor list.  If you wish to continue to receive email notifications from us and remain on our contractor list, please reply to this letter either via fax, email or phone call (only if no documentation is required).  In order to remain on our approved list, we require a current copy of your HIC license, Liability and Work Comp Insurance Certificates and Lead/RRP Certificate.  Please also verify the address and contact information we have on file.  Any documentation required that has expired since your initial application is identified below.

If there is no response received within 30 days, we will assume you are no longer interested and will remove your company name and address from our active list.   If you have any questions please do not hesitate to call.

**Company Contact Information to Verify:**

Company Name

Address Main St

Town, CT  06355

860-999-9999

david@companynamellc.com

**Update documents required:**

* HIC License
* Liability Insurance Certificate
* Work Comp Insurance Certificate
* RRP / Lead Certificate
* WBE/MBE Certificate

Thank you for your cooperation in updating our records.

Sincerely,