

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS DIVISION OF LABOR STANDARDS

REQUEST FOR WAGE DETERMINATION

PLEASE RETURN TO: 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: prevailingwage@labor.mo.gov

Website: www.labor.mo.gov/DLS/PrevailingWage/pwBodies

REQUESTER INFORMATION I am requesting a wage determination according to Chapter 290 o 290.340 and 290.550 through 290.580 RSMo).	f the Mi	ssouri Prevai	iling Wage Law (sections 290.210 through	
Name of Requester (please print)	Requester Title				
Requester Organization			Phone Number	Phone Number (include Area Code)	
Mailing Address	Email .	Email Address			
City		State		ZIP Code	
PUBLIC BODY INFORMATION					
Contact Person at Public Body					
Official Name of the Public Body requesting the wage rates			Phone Number	Phone Number (include Area Code)	
Street Address	Email .	Address			
City	.	State		ZIP Code	
FUNDING INFORMATION					
Will the federal government or any of its agencies furnish loans or grants for any part of the funds used in your contracts? Yes No					
If "Yes," will the federal government or any of its agencies also prescribe Yes No	e a sched	ıle of Prevaili	ng 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 at www.	labor.mo	.gov/DLS/Pre	vailingWage.		
Email address:					
Requester Signature				Date of Request	