ATTACHMENT "E"
CONTRACTOR DELIVERY NOTIFICATION FORM
DDSP SECURITY INFORMATION

DATE SUBMITTED:_____ ARRIVAL DATE:_____

CONTRACT NUMBER:_____

CONSTRUCTION PROJECT DESCRIPTION:_____

_____

NAME OF PRIME CONTRACTOR:_____

PRIME CONTRACTOR POC:_____

POC TELEPHONE NUMBER:_____

SHIPPER NAME:_____

DRIVER NAME:_____

ETA AT POST 4:_____

DESCRIPTION OF DELIVERY:_____

_____

ESCORT NAME:_____

ESCORT PHONE NUMBER:_____

SHIPPER NAME:_____

DRIVER NAME:_____

ETA AT POST 4:_____

DESCRIPTION OF DELIVERY:_____

_____

ESCORT NAME:_____

ESCORT PHONE NUMBER:_____

SHIPPER NAME:_____

DRIVER NAME:_____

ETA AT POST 4:_____

DESCRIPTION OF DELIVERY:_____

_____

ESCORT NAME:_____

ESCORT PHONE NUMBER:_____

DISTRIBUTION:	SECURITY DESK	FAX: 717-770-5480
	COR	FAX: 717-770-2910