Call Order: 7 **Contract ID:** 028836.00 **Contract Time:** 06/05/27 COMPLETION DATE

Letting Date: May 20, 2026 11:00 **District(s):** SOUTHERN REGION **Counties:** YORK

Contract Description: REGION 1 ADA IMPROVEMENTS **Project(s):** 2883600, 2883610, 2883620

Planholder:	Purchase Date:	BOOKS	FULL PLANS	HALF PLANS	PLAN SHEETS
CROSS INSURANCE 217 MAIN STREET P.O. BOX 3028 LEWISTON ME 04243	5/7/2026 3:43:39 PM Phone: (207)783-8591 Fax:				
COMPLETE LABOR & STAFFING 24 ORCHARD VIEW DRIVE UNDERDERRY NH 03053	5/19/2026 10:38:04 AM Phone: Fax:				