ATTACHMENT 2

Proposer's Information Form

PROPOSER (please print)			
Name:			
Address:			
Telephone:			
Contact person	, title, email, telephone and email:		
Proposer, if sel	ected, intends to carry on the business as (check one):		
Proposer, if sel	ected, intends to carry on the business as (check one):		
	Individual		
	Individual Partnership		
	Individual Partnership Joint Venture		
U When i	Individual Partnership Joint Venture Corporation		

PROPOSER'S SIGNATURE

No Proposal shall be accepted which has not been signed in ink in the appropriate space below:

By signing below, the submission of a proposal shall be deemed a representation and certification by the Proposer that they have investigated all aspects of the RFP, that they are aware of the applicable facts pertaining to the RFP process, its procedures and requirements, and they have read and understand the RFP. No request for modification of the proposal shall be considered after its submission on the grounds that the Proposer was not fully informed as to any fact or condition.

1. If Proposer is **INDIVIDUAL**, sign here:

Date: _____

Proposer's name and title: _____

2. If Proposer is **PARTNERSHIP** or **JOINT VENTURE**; at least two (2) Partners shall sign here:

Partnership or Joint Venture Name

Date: _____ Date: _____

Member of the Partnership or Joint Venture Signature Member of the Partnership or Joint Venture Signature

3. If Proposer is a **CORPORATION**, at least two (2) duly authorized officer shall sign here: (Authorized officers must be that of the chairman of the board, president, the secretary, assistant secretary, chief financial officer or assistant treasurer.)

Date:	Date:	

Authorized Signature, Title

Authorized Signature, Title