Attachment 2

Proposer's Information Form

9SS: 	
hone:	
act person, title, email, tele	ephone and email:
oser, if selected, intends	s to carry on the business as (check one):
oser, if selected, intends	s to carry on the business as (check one):
	s to carry on the business as (check one):
Individual	to carry on the business as (check one):
Individual Partnership	to carry on the business as (check one):
Individual Partnership Joint Venture	
Individual Partnership Joint Venture Corporation When incorporated?	

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 V ohere:	enture; at least two (2) Partners shall sign		
	Partnership or Joint Venture Name			
	Date: Dat	e:		
	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		