



Bidder's Form

(Please return this form with your bid submission.)

Firm Name: _____

Address: _____
Street City State Zip

Website: _____

Contact: _____
Name Title

Phone: (____) _____ - _____

Fax: (____) _____ - _____

Email: _____

Years in Business: _____

Number of Employees: _____

Annual Gross Receipts of your firm:

- under \$150,000
- \$150,001 to \$300,000
- \$300,001 to \$500,000
- \$500,001 and up

Special Status:

- Certified DBE
- Small Business