ATTACHMENT C – SIGNATORY AUTHORITY FORM

Certificate of Authorization

By signing this, I certify that I am an authorized representative of the Vendor (or individual) and that information contained in this proposal is accurate, true, and binding upon this Vendor.

Requires the signature of a duly authorized Corporate Officer, Partner or Owner. A completed form is required for contract award.

Vendor Name: _____

Name and Title of Authorized Representative: _____

Vendor Address: _____

_____

_____

Vendor Phone Number: _____

Contact Phone Number: _____

Contact email: _____

Date Response is Due: _____

Signature Date