



**ATTACHMENT 4 – Non-Collusive Bidding Certification**

**IF BIDDER(S) (ARE) A PARTNERSHIP, COMPLETE THE FOLLOWING:**

**NAMES OF PARTNERS OR PRINCIPALS**

**LEGAL RESIDENCE**

\_\_\_\_\_  
\_\_\_\_\_

**IF BIDDER(S) (ARE) A CORPORATION, COMPLETE THE FOLLOWING:**

**NAMES**

**LEGAL RESIDENCE**

\_\_\_\_\_  
President:

\_\_\_\_\_  
Secretary:

\_\_\_\_\_  
Treasurer:

**Identifying Data**

Potential Contractor \_\_\_\_\_

Address \_\_\_\_\_

Street

\_\_\_\_\_  
City, Town, etc.

Telephone \_\_\_\_\_ (If applicable, Responsible Corporate Officer)

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

Joint or combined bids by companies or firms must be certified on behalf of each participant.

\_\_\_\_\_  
Legal Name of person, firm or corporation      Legal Name of person, firm or corporation

By \_\_\_\_\_

Name

Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

Address \_\_\_\_\_ Address \_\_\_\_\_

Street

Street

\_\_\_\_\_  
City

State

\_\_\_\_\_  
City

State