

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