

ATTACHMENT A – VENDOR SIGNATURE & CERTIFICATION FORM

Vendor Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **E-Mail:** _____

I certify that I am a duly authorized representative of the Vendor listed above. The City of Duluth is hereby authorized to request from any individual or Vendor any information it deems necessary to verify any information provided by in this Proposal and to determine the capabilities and responsibility of Vendor as a prospective contractor with the City of Duluth.

Signature: _____

(Must be signed in full in ink by an officer of your Company)

Name: _____ (please type or print)

Title: _____ (please type or print)

Date: _____