

FORM A: REQUEST FOR INFORMATION APPLICATION

1. Document Title REQUEST FOR INFORMATION
FOR BIOSOLIDS MANAGEMENT PROJECT

2. Respondent

Name of Respondent

Usual Business Name of Bidder as it appears on Invoice (if different from above)

Street

City

Province

Postal Code

Email Address of Bidder

Facsimile Number

(Mailing address if different)

Street or P.O. Box

City

Province

Postal Code

GST Registration Number (if applicable)

(Choose one)

The Respondent is:

a sole proprietor

a partnership

a corporation

carrying on business under the above name.

3. Contact Person

The Respondent hereby authorizes the following contact person to represent the Respondent for purposes of the Information Submission.

Contact Person

Title

Telephone Number

Facsimile Number

4. Response

The Respondent agrees that the RFI in its entirety shall be deemed to be incorporated in and to form a part of this Information Submission notwithstanding that not all parts thereof are necessarily attached to or accompany this Information Submission.

5. Addenda

The Respondent certifies that the following addenda have been received and agrees that they shall be deemed to form a part of the Submission:

No.	_____	Dated	_____
	_____		_____
	_____		_____

6. Signatures

The Respondent or the Respondent 's authorized official or officials have signed this

_____ day of _____, 20_____ .

Signature of Respondent or
Respondent 's Authorized Official or Officials

(Print here name and official capacity of individual whose signature appears above)

(Print here name and official capacity of individual whose signature appears above)