

APPENDIX C

REQUEST FOR INFORMATION FORM

APPENDIX C – REQUEST FOR INFORMATION FORM

To Be Completed By the Proponent	
Name of Proponent:	Date Submitted:
Address:	
Telephone:	
E-Mail:	
Do you want this request for information to be “commercially confidential” in accordance with B13.5 of the RFQ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Request	
To Be Completed by the City of Winnipeg	
RFI #:	
Date of Response:	
Response	