

BID DISTRIBUTION FORM

Vendor: Please fill out the form below and forward it via fax to 901-457-2258 or email to tocpurchasing@ci.collierville.tn.us. The Purchasing Division will forward you a copy of the requested bid. If a bid deposit is required, please bring or mail this form with your deposit.

Bid #: TC2017-29 Sanitary Sewer Evaluation Survey (SSES)

Date: _____

No. of Packets Requested: _____

Vendor Number: _____

*To obtain a vendor number, please register your company at <http://tocpurchasing.collierville.com>.
[Follow this link](#) to look up your vendor number, if you have previously registered.

Company Name: _____

Contact: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Deposit Amount: \$0 for Disk, \$50.00 if print copy requested from Town Deposit Refund: N/A

Method of Bid Packet Delivery (Check one):

E-mail

Vendor Pick-Up

U.S. Mail

Fed-Ex (Provide Fed-Ex account #) _____

Note: Bid documents will be provided only in PDF format. Bidder will be responsible for any printing required.

How did you hear about this bid?

Collierville Website

Dodge Room

Newspaper Public Notice

Town Notification

Builder's Exchange

Other (Please Specify) _____

Vendor Representative Signature: _____

Collierville Purchasing Division Use:

Bid Package Parts Distributed:

Bid Directory Yes ___ No ___

Bid Envelope Yes ___ No ___

Other _____ Yes ___ No ___

ADDENDUMS SENT/DATE (Attach Fax Confirmation)

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

Purchasing Division Representative Signature: _____