

ATTACHMENT - PROOF OF MINIMUM QUALIFICATIONS

Request for Proposal: _____

Company Name: _____

Company Address: _____

Please identify details for the two projects used to demonstrate compliance with the minimum qualifications as defined in Section 4.2.D.1.

Project Name:		
Project Owner Entity Name and Address:		
Project Start Date and End Date:		
Highest Number of Service Lines Replaced in One (1) Continuous Twelve (12) Month Period:		

This form must be signed by an authorized Representative of the Company/Firm for proposal to be valid. Signing indicates you have read and comply with the Instructions and Conditions.

Title of Person Authorized to Sign: _____

Signature of Person Authorized to Sign: _____

Email Address of Person Authorized to Sign: _____

Date: _____