



Addendum Notice

This **ADDENDUM #4** forms a part of the Contract Document and modifies the original formal solicitation document.

Date	March 20, 2020
Addendum No.	ADDENDUM #4
Formal Solicitation Name	RFQ-17-025 WWTF Capacity Expansion and Process Optimization

1. Company Information/RFQ Signature sheet of the original solicitation shall be revised to include addendum acknowledgement, attached hereto and incorporated in Addendum #4.

**PLEASE
NOTE**

Bidders are required to acknowledge receipt of **ADDENDUM #4** in the space provided on the Signature Sheet within the original formal solicitation document.

**FAILURE TO ACKNOWLEDGE ALL ADDENDA MAY BE
CAUSE FOR REJECTION OF THE RESPONSE.**

COMPANY INFORMATION/RFQ SIGNATURE SHEET

FAILURE TO COMPLY WITH THESE RFQ INSTRUCTIONS WILL RESULT IN DISQUALIFICATION OF YOUR SUBMITTAL PACKAGE. PLEASE SIGN BELOW ATTESTING THAT YOU HAVE READ AND UNDERSTAND ALL RFQ INSTRUCTIONS AND THAT YOU UNDERSTAND THAT THE SUCCESSFUL RESPONDENT WILL BE REQUIRED TO ENTER INTO A LEGALLY BINDING CONTRACT WITH THE CITY OF WINTER GARDEN.

COMPANY NAME	TELEPHONE (INCLUDE AREA CODE)
	FAX (INCLUDE AREA CODE)
AUTHORIZED SIGNATURE	E-MAIL ADDRESS
NAME/TITLE (PLEASE PRINT)	
ADDRESS 1	REMITTANCE ADDRESS 1
ADDRESS 2	REMITTANCEADDRESS 2
CITY STATE ZIP	CITY STATE ZIP

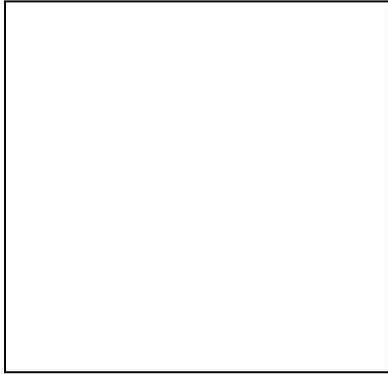
Submitters shall acknowledge obtaining all addenda issued to this formal solicitation from the City’s website by completing the blocks below. Failure to acknowledge all addenda may be cause for rejection of the response.

Addendum No. _____	Date Issued: _____
Addendum No. _____	Date Issued: _____
Addendum No. _____	Date Issued: _____
Addendum No. _____	Date Issued: _____
Addendum No. _____	Date Issued: _____
Addendum No. _____	Date Issued: _____
Addendum No. _____	Date Issued: _____
Addendum No. _____	Date Issued: _____
FEDERAL ID# _____	

Individual Corporation Partnership Other (Specify): _____

Sworn and subscribed before me this _____ day of _____, 20__ .

Personally Known or
 Produced Identification Type of Identification: _____



NOTARY SEAL

NOTARY PUBLIC – State of _____

County of _____

Signature of Notary Public