

APPENDIX B

CERTIFICATION AFFIDAVIT



City Of Rock Island Invitation To Submit Proposal

BID TITLE: ONSITE MEDICAL SERVICES

BIDDER/OFFER OR AFFIDAVIT

The undersigned certifies that he/she is an agent of the company shown and as such agent is authorized to submit this proposal on its behalf.

FED TAX ID # _____

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE () _____

FAX () _____

Authorized Signature _____

NAME/TITLE _____

DATE _____