

CITY OF DE PERE - BOARD OF PUBLIC WORKS

CERTIFICATION OF SUBMISSION FOR PREQUALIFICATION OF CONTRACTOR



Dated at _____ this _____ day of
_____, 20____.

Name of organization _____

By: _____

Title: _____

State of _____)
County of _____)ss.

_____ being duly sworn says that they are
_____ of _____
(Name of Organization)

and that the answers to the foregoing questions and all statements contained herein and in the
attachments are true and correct.

Signed _____

Subscribed and sworn to before me

this day of _____, 20____.

Notary Public

My commission expires _____.