

**PROPOSAL TO PROVIDE FLEET MAINTENANCE FOR
CECIL COUNTY, MARYLAND**

Pursuant to your Request for Proposal, the respondent identified herein submits this proposal to provide fleet management and maintenance services to the County of Cecil, Maryland.

1. Respondent is (check one): An Individual

A Partnership

A Corporation

2. The name and position of the person duly authorized to represent respondent regarding this proposal, including negotiation of Contract if respondent is selected, is:

Name: _____ Phone: _____

Title/Position: _____ E-mail: _____

3. The name and position of the person duly authorized to execute Contracts on behalf of respondent is:

Name: _____ Phone: _____

Title/Position: _____ E-mail: _____

4. If respondent is an Individual, complete the following section, otherwise proceed to question #5:

Respondent is an individual doing business under the name(s) of

_____ at _____

_____ in the City of _____, in the County of _____, in the State of _____.

The following is a complete and accurate list of the names and addresses of all persons interested in this proposal, or who may represent respondent regarding this proposal.

NAME

ADDRESS

5. If respondent is a partnership, complete the following section, otherwise proceed to question #6:

Respondent is a (general) or (limited) Partnership, doing business under the name of _____

at _____ City of _____,

County of _____, in the State of _____.

The Partnership was formed on _____,

and the Partnership is recorded in the County of _____,

State of _____.

The following is a complete and accurate list of the names and addresses of the Partners:

NAME

ADDRESS

6. If the respondent is a Corporation, complete the following section:

Respondent is a corporation doing business under the name of _____

At _____

in the City and State of _____

The Corporation was organized on _____, and existing under the laws of the State of _____, in the County of _____.

Mailing address, if different from above, for correspondence pertaining to this proposal is _____

7. **Financial Responsibility**

BANK

ADDRESS
