

MS Department of Public Safety

BID FORM
Bid# 3160000980

VENDORS ARE REQUIRED TO USE THIS BID FORM

(Vendors must mail one original copy to MDPS and is encouraged to submit one electronic copy via MAGIC.)

Description

Single Item Price

Alternative Light Source

\$ _____

BID FORM

BIDDER INFORMATION (Please Complete ALL Sections Below)

Company Name: _____

Company Address: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Company Representative Name (Print): _____

Company Representative Signature: _____ Date: _____
(Authorized Company Representative Signature)