

ACKNOWLEDGEMENT OF RECEIPT FORM

**San Juan Regional Medical Center Steam Plant Improvements
 BID 24-25-01 Re-Bid
 September 17, 2024
 2:00 PM**

BIDDER INFORMATION:

In acknowledgement of receipt of the above referenced Bid Packet, the undersigned agrees that he/she has received a complete copy. Only potential Bidders who elect to return this form will be added to the Plan Holder’s list and will receive copies of any future addendums to the Bid, if issued.

 BUSINESS NAME

 SIGNATURE OF AUTHORIZED REPRESENTATIVE

 PRINTED NAME OF AUTHORIZED REPRESENTATIVE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NO.: _____

E-MAIL: _____

Please select which you would like to be listed as:

General Contractor **Sub-Contractor** **Supplier** **Plan Room**

RETURN TO:
 Jaime Jones
 Contract Analyst
 SAN JUAN COUNTY
 (505) 334-4548
jjones@sjcounty.net

**Emailed copies of the Acknowledgement of Receipt form will be accepted.
 Emailed Bid responses will not be accepted.**