



Public Works Department
515 Clark Avenue, Ames, Iowa 50010
Phone 515-239-5160 | Fax 515-239-5404

PLAN HOLDER CERTIFICATION

Project Name _____

Select the appropriate designation below:

[] The undersigned hereby certifies it is a prospective bidder, subcontractor bidder, supplier, or contractor plan room, and as such is requesting one set of bidding documents on the above project without charge.

Signature _____

Date _____

[] The undersigned hereby certifies that it is an interested party other than that which is listed above, and as such is requesting one set of bidding documents on the above project for which a fee will be charged.

Signature _____

Date _____

Once you have selected and signed the appropriate designation above, please provide the following information:

Name _____

Title _____

Company Name _____

Telephone Number _____

Street Address _____

Mailing Address (if different from street address) _____

City, State, Zip Code _____

E-mail Address _____

For Public Works Staff Use Only
Bid/Proposal documents issued by:

By (Staff Member's Name) _____

Date _____

[] Documents mailed (a mailing fee may apply) Pick-up/Mailing Date: _____

[] Document picked up Payment/Billing Comments: _____