

FIRMS QUALIFICATIONS

(ATTACH ADDITIONAL PAGES AS NEEDED)

Name and Address of Office from which this contract will be administered

Name: _____

Address: _____

Phone: _____ Fax: _____

Project Manager: _____

Years in Business: _____

Number of Employees: _____

Annual Revenue: \$ _____

List Employees who will be dedicated to the City of Oak Forest: (Attach additional pages as necessary)

<u>NAME</u>	<u>POSITION</u>	<u># YEARS EXPERIENCE</u>	<u>RESPONSIBILITY/ TASK</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____