

VENDOR/CONTRACTOR EMAIL REQUEST FORM

COMPANY: _____

ADDRESS: _____

OWNER: _____

PHONE: _____

EMAIL ADDRESS: _____

Any and all types of bid requests will be sent as a group to everyone who submits this request. If at any time, these types of emails are not welcome or the email address changes, please notify City Hall at 563-852-3114.

DISCLAIMER

The messages that will be sent contain time sensitive information and are intended only for the individual named. E-mail transmission cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender, therefore, does not accept liability for any errors or omissions in the contents of the message, which arise as a result of e-mail transmission.

The City of Cascade, 320 1st Ave W, Cascade, IA 52033

Signature: _____