

**Acknowledgment of Receipt  
City of Foley**



**Request for Proposals – Organized Solid Waste Collection**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*By signing, you agree the information above will be used in the need to make contact regarding a change in the RFP schedule, additional information needing to be provided or an amendment to the RFP.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_