



Public Works Department
515 Clark Avenue, Ames, Iowa 50010
Phone 515-239-5160 | Fax 515-239-5404
E-Mail | PublicWorks@CityofAmes.Org

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 \$20.00 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: \_\_\_\_\_

[ ] Emailed Plans and Specs