

ADDENDUM #1 REVISED BID FORM 6/15/2021
HAMPTON COUNTY AMBULANCE PURCHASE CDBG #4-SP-20-003

Note: Hampton County will accept the lowest responsive and responsible bid.

Company Name: _____

Contact Person: _____

Address: _____

City/St/Zip _____

Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Signature: _____

Federal ID Number: _____

BASE BID						
	ITEM #	QUANTITY	DESCRIPTION	Unit Price		Total Price
	1	1	NEW 2021 Express Plus Ambulance			

Please Acknowledge (If applicable)

Addendum # _____ Date _____

Addendum # _____ Date _____

Addendum # _____ Date _____