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RFI 21-298, Document Management System (DMS) Company Information Page

Name of
Business/Individual:

Address:

City:

State:

Zip Code:

Phone No.:

Fax No.:

E-Mail

Signature:

Printed Name:

Title:

Date:

Applicant Acknowledges Receipt of the Following Addenda(s), If any:

Addenda	Date
1.	
2.	
3.	

The above signed proposes to provide information in accordance with the specifications for RFI 21- 298, Document Management System (DMS) for the Broward County Housing Authority and its terms and conditions.