



BIDDER RESPONSE FORM (attachment#2): TETON COUNTY AMBULANCE

Bidder's Corporation/Partnership Name: _____

Bidder's Business Address: _____

Bonded Dealer Number: State: _____ No: _____

Bidder's Phone Number: _____ Bidder's Fax: _____

Ambulance Manufacturer: _____

Location: _____

Years Manufacturing Ambulances: _____

Product Liability Insurance Coverage Amount: _____

Bidder's Email: _____

By (Signature): _____

Name (typed or printed): _____

SUBMITTED ON: _____