



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