

FROM: _____

*License # _____
*State Contractor's License Number for Construction
Projects or Insert "EXEMPTION", IF NOT REQUIRED.

PLEASE RUSH TO:

CITY OF SHREVEPORT
OFFICE OF THE PURCHASING AGENT
505 Travis Street, Suite 610
SHREVEPORT, LOUISIANA 71101-3042

SEALED BID FOR:

IFB Number: _____

Project Name: _____

Opening Date/Time: _____

**Attention: Use this format on the outside of your container when responding with a paper bid.
We do not accept faxed responses for formal solicitations! Revised 10-20-11**