

LETTER OF INTENT

REQUEST FOR PROPOSAL NO. 2024-003

The undersigned acknowledges the General Terms and Conditions of the Request for Proposal (RFP) and intends to respond to the Hillsborough County Sheriff's Office (HCSO). We understand that any amendments, clarifications, and addenda to the RFP will be promptly communicated to the individual authorized below to receive this information.

COMPANY NAME

COMPANY ADDRESS

PRIMARY CONTACT NAME/TITLE

EMAIL ADDRESS

TELEPHONE NUMBER

FAX NUMBER

SIGNATURE OF COMPANY OFFICER

DATE

THE FOLLOWING REPRESENTATIVE(S) WILL RECEIEVE AMENDMENTS, CLARIFICATIONS, AND ADDENDA TO THE RFP:

Print Name

Email Address

Print Name

Email Address

Print Name

Email Address

****NOTE: THIS FORM SHOULD BE SENT IMMEDIATELY TO THE BUYER LISTED ON THE FRONT OF THIS DOCUMENT AT FAX NUMBER 813-242-1826 or**

Purchasing@HCSO.Tampa.FL.US