



CITY OF SANIBEL

FORM 5
INTENT TO PROPOSE
on
Request for Proposals
to
PROVIDE CONFERENCE ROOM MULTI-MEDIA INSTALLATION
Number 14IT-01
FORM 5

Firm Name: _____

Contact Name: _____

Mailing Address: _____

PO Box or Street Number and Name

City State Zip

Phone Number: _____

Area code Phone number

FAX #: _____

Area code FAX Number

E-mail address: _____

Email address is required as this will be used for
communication during the RFP process

Signature of contact person above: _____

Return to: Bert Smith, IT Director, City of Sanibel, 800 Dunlop Road,
Sanibel, FL 33957 or FAX to: 239-472-3065