## FORM A: REQUEST FOR INFORMATION APPLICATION

1.	Document Title	REQUEST FOR INFORMATION FOR THE WINNIPEG FIRE PARAMEDIC SERVICE REPLACEMENT COMPUTER AIDED DISPATCH SYSTEM
2.	Respondent	
		Name of Respondent
	(Mailing address if different)	Usual Business Name of Respondent as it appears on Invoice (if different from above)
		Street
		City Province Postal Code
		Facsimile Number
		Street or P.O. Box
		City Province Postal Code
	(Choose one)	GST Registration Number (if applicable)
		The Respondent is:
		a sole proprietor
		a partnership
		a corporation
		carrying on business under the above name.
3.	Contact Person	The Respondent hereby authorizes the following contact person to represent the Respondent for purposes of the Request for Information Submission.
		Contact Person Title
		Telephone Number Facsimile Number
4.	Addenda	The Respondent certifies that the following addenda have been received and agrees that they shall be deemed to form a part of the Submission:
		No Dated

5. Signatures

The Respondent or the Respondent's authorized official or officials have signed this

\_\_\_\_\_ day of \_\_\_\_\_ , 20\_\_\_\_\_ .

Signature of Respondent or Respondent's Authorized Official or Officials

(Print here name and official capacity of individual whose signature appears above)

(Print here name and official capacity of individual whose signature appears above)