FORM A: REQUEST FOR INFORMATION APPLICATION

1.	Document Title	AND SUPPORT FOR A C	ATION FOR PROVISION, IMPLEI AD RESOURCE DEPLOYMENT R THE WINNIPEG FIRE PARAME	AND
2.	Respondent			
		Name of Respondent		
		Usual Business Name of Respondent (if different from above)		
		Street		
		City	Province	Postal Code
		Email Address of Respondent		
		Facsimile Number		
	(Mailing address if different)	Street or P.O. Box		
		City	Province	Postal Code
		GST Registration Number (if app	licable)	
	(Choose one)	The Respondent is:		
		a sole proprietor		
		a partnership		
		a corporation		
		carrying on business unde	r the above name.	
3.	Contact Person		authorizes the following contact for purposes of the Information S	
		Contact Person	Title	

Telephone Number

Email Address

	ity of Winnipeg Io. 69-2018 reion RF1020171218 - Main RF1	RFI Submission Page 2 of 2		
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 Information Submission:		
		No Dated		
5.	Indigenous Self- Declaration	The Respondent hereby declares the business is at least 51% owned by one or more Indigenous persons of Canada.		
		YES		
		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)