



AUTHORIZED AGENT FORM

The vendor hereby designates the following individual at the following address in the State of New York as its agent for the purpose of receiving any written notice required to be serviced per the contract documents, including Notice of Award, and for receiving service or any and all legal processes resulting from this contract:

Name of Firm _____

Name and Title of Individual _____

Federal I.D. # _____

Street _____

Town _____ State _____ Zip Code _____

Telephone No.: () _____

Fax No.: () _____

Note: Proposals/Bids transmitted via "Fax" are not acceptable.