

**CITY OF PIQUA, OHIO
LOCAL PREFERENCE CERTIFICATION AND WAIVER FORM**

Ordinance No. 12-05 (hereinafter referred to as "the Ordinance") passed by the Piqua City Commission provides for a local preference in the purchase of commodities and non-professional services by the City of Piqua. A copy of the ordinance is provided on the back of this form for your information.

The rules and regulations adopted by the City of the administration of this ordinance require that bidders claiming Local Preference complete this form for each bid.

Failure to properly complete and return this form may result in not being qualified to receive preference under the Ordinance.

PREFERENCE CLAIMED – City Bidder/Supplier

BUSINESS NAME: _____

STREET ADDRESS: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: _____ FAX NO.: _____

FEDERAL I.D. NO.: _____

If incorporated. If a sole proprietorship, use Social Security Number of owner.

TESTIMONY AND AUTHORIZATION

The undersigned, on behalf of the aforementioned business concern, hereby authorizes the City of Piqua Department of Income Tax to provide proof of status pursuant to the Ordinance to the City of Piqua Department of Purchasing. In so doing, I authorize the Department of Income Tax to disclose such records as may be necessary to establish qualifications for local preference as required by the Ordinance or any subsequent rules and regulations adopted in the administration of the Ordinance. I, on behalf of the aforementioned business concern, hereby release the City of Piqua and its officers, employees, or agents from any and all liability for the disclosure of any information establishing these qualifications. I further attest to the fact that the business concern is physically located within the Corporate limits and boundaries of the City of Piqua, Ohio. By affixing my signature to this form, I also attest that I am a duly authorized agent of the aforementioned business concern.

Type or Print Agent Name

Agent Signature

Date