

OWNER DISCLOSURE INFORMATION

Set forth below are the names and addresses of all owners of 10% or more of the proposing business entity.

Name _____

Name _____

Address _____

Address _____

Name _____

Name _____

Address _____

Address _____

Name _____

Name _____

Address _____

Address _____

NAME OF BUSINESS ENTITY

SIGNATURE

TITLE

Notary Public of

My Commission Expires: _____, 20____.

PARTNERSHIP DISCLOSURE STATEMENT

(To be submitted with proposal)

(a) Is or was anyone in your firm or company a member of the City of Linden within the last calendar year or a member of his/her immediate family? If yes, then provide the name of the individual below and his/her relationship.

Yes _____ No _____

Name	Position	Relationship
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(b) Has any principal/partner of your firm been convicted of an indictable offense? If Yes, then please provide further explanation and copies of any relative documents.

Yes _____ No _____

Name

Date

(c) Has any individual who would provide service under this contract ever been sanctioned by the appropriate licensing board?

Yes _____ No _____

Name Position Term

(d) Has the firm been found liable for professional malpractice in the last 5 years?

Yes _____ No _____

Reason for action: _____

(e) Has any member of your firm ever been barred from doing business with any State, City or Municipal Government? If yes, then please provide further written explanation including date and copies of relevant documentation.

Yes _____ No _____

Name State, City or Mun. Government Date

(f) Has your firm sued the City of Linden in the past five (5) years? If yes, then please identify the matter/case and provide further written explanation including date and copies of relevant documents.

Yes _____ No _____

Name Date