

Bidder Mailing List Request Form

PURCHASING DEPARTMENT

Post Office Box 2338 | Jackson, MS 39225-2338 Telephone: (601) 960-8799 | Fax: (601) 960-8967

Please complete the following information to include your name in our database to offer price quotations. Are you an employee of the Jackson Public School District? Yes No Company Name: _____ Mailing Address: _____ State: _____ Zip: _____ Physical Address: City: ______ State: _____ Zip: _____ Phone: (___) _____ Fax: (___) _____ Email Address: Does your business qualify as a minority or woman owned enterprise? _____Yes _____No Name: ______ Title: _____ Date: _____ Minority Code: Woman & Minority Woman Non-Minority Minority Indicate the item(s) that your company proposes to furnish to the Jackson Public School District by checking the category number. Vendors that do not respond, in writing, to bids mailed to them shall be removed from the bid mailing list(s). _____ 022 Bakery (Bread Products) _____ 136 Band Uniforms _____ 562 Classroom/Office Furniture (State Contract) _____ 292 Copy Machines _____ 026 Dairy Products _____ 027 Food Serv. Warehouse Food _____ 031 Food Serv. Warehouse Paper & Stock Supp. 042 Frozen Food Meat Prod., Crackers & Chips 760 Pest Control Service 086 Produce _____ 342 Site Care Services (Lawn Care) 020 Transportation Dept. Supplies: Motors ____ 094 Vehicles (State Contract) _____ 750 Waste Disposal Services 300 Cafeteria Appliances & Equipment OTHER:

INTERNAL USE ONLY				
The above vendor has requested to offer price quotations for your area.				
Facilities:	ITS:	Curriculum:	Other:	
Date Form Forwarded:			Ву:	