



# CAPITAL IMPROVEMENT DEPARTMENT SOLICITATIONS

## CONSULTANT POINT OF CONTACT FORM

Consultant Name: \_\_\_\_\_

Solicitation Number: \_\_\_\_\_

### CORRESPONDANCE POC:

First Name

Last Name

City, State, Zip Code

Email address

### AGREEMENT SIGNATURES POC:

Same as Correspondence POC

First Name

Last Name

City, State, Zip Code

Email address

Please submit this form and due diligence to [aeselection@elpasotexas.gov](mailto:aeselection@elpasotexas.gov)