



## CAPITAL IMPROVEMENT DEPARTMENT SOLICITATIONS

### CONSULTANT POINT OF CONTACT FORM

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

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

#### CORRESPONDANCE POC:

This section is for the primary point of contact for on-call work

First & Last Name

Title

Address, City, State, Zip Code

Email address / Phone Number

#### AGREEMENT SIGNATURES POC:

This section is for the person responsible for signing the contract

Same as Correspondence POC

First & Last Name

Title

Address, City, State, Zip Code

Email address / Phone Number

\* Does the consultant have a local office in El Paso, TX?      YES      NO

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