



Office of Statewide Pretrial Services
850 East Madison Street, 3rd Floor #329
Springfield, IL 62702

ATTACHMENT A: BID FORM

Vendor/Applicant Name (Include official name and DBA)	
Address Line 1	
Address Line 2	
City, State, Zip Code	
Phone	
If billing address is different from the address above, include it here.	

Primary Contact Person

Check if same as above

Name	
Job Title	
Address Line 1	
Address Line 2	
City, State, Zip Code	
Phone	
Email	

Secondary Contact Person

Check if not applicable

Name	
Job Title	
Address Line 1	
Address Line 2	
City, State, Zip Code	
Phone	
Email	