

**COUNTY OF SUMMIT
QUALIFICATION STATEMENT
PROFESSIONAL SERVICES**

Date Received: _____

Service: _____

Name of Business Entity: _____

Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Web Page: _____ Email: _____

If Business, Form: _____

(Corporation, Partnership, etc.)

Branches or Additional
Locations, if any: _____

If Partnership,
List all Partners: _____

Length of Time in
Business or Practice: _____

Statements of Services
Available (Include
Areas of Specialization): _____

Description of Service
Facilities (Personnel,
Equipment, Resources): _____

Experience, Education, Skills: _____

If additional information or space is required, submit a typed, concise summary on 8½" x 11" plain bond paper.