

# ATTACHMENT No. 6

## INFORMATION REQUEST FORM

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**PROJECT: REQUEST FOR PROPOSAL**  
County of Humboldt One Stop Permitting Services

**To**  
**COUNTY:**

**INFORMATION REQUEST No.:**

**From**

**Request Date:**

**PROPOSER:** Name:  
Street:  
City, State:  
Phone:  
Fax/E-mail:

**Cc:** Proposal  
Holder List

NOTE: Questions concerning the Project shall be submitted on this form.

**INFORMATION NEEDED:**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**COUNTY REPLY:**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**ATTACHMENT:**