

## ATTACHMENT I - SITE VISIT VERIFICATION FORM

- Present this Site Visit Verification Form to the ASH Administrator or Designee for signature upon completion of the site visit. To schedule a site visit, please contact: Bryan Hall, (501) 650-2471
- Submit the signed Site Visit Verification Form with the Bid Response Packet at bid submission.

This signed Site Visit Verification Form serves as verification that the Prospective Contractor or representative, named below, was present and participated in the site visit as required by IFB 710-25-055 for Food Services – Arkansas State Hospital.

<b>PROSPECTIVE CONTRACTOR'S REPRESENTATIVE INFORMATION</b>	
<b>Company Name:</b>	
<b>Representative's Printed Name:</b>	
<b>Signature:</b>	
<b>ASH ADMINISTRATOR or DESIGNEE INFORMATION</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	
<b>Date of Site Visit:</b>	