



# City of Henderson Affidavit for Oral Bids for Cell Site Lease

|                     |       |
|---------------------|-------|
| Council Meeting :   | _____ |
| Item #:             | _____ |
| Resolution #:       | _____ |
| Bidder Name:        | _____ |
| Bidder Placard #:   | _____ |
| FOR OFFICE USE ONLY |       |

This form must be completed and submitted to the City Clerk **by 3:00p.m. on day of Bid Opening/Auction** for each bidder wishing to place an Oral bid (please print).

I, \_\_\_\_\_, representing \_\_\_\_\_,  
(Name and Title) (Name of Company/Lessee)  
with an address of \_\_\_\_\_, wish  
(Address of Company/Lessee)  
to bid on \_\_\_\_\_ Cell Site, Resolution No.: \_\_\_\_\_, with  
(Name of Lease/Location (as shown on the top of Resolution))  
a minimum acceptable bid of \$ \_\_\_\_\_ .00 per month.

My certified deposit check in the amount of \$ \_\_\_\_\_ .00 (average appraised value of the Lease) is attached. I understand that the deposit check MUST be equal to the average appraised value set forth in the Resolution listed above or my bid will be disqualified. I understand and consent to the City cashing the deposit check if I am the successful bidder in the Cell Site auction. I also understand that if I am an unsuccessful bidder, I may pick up my uncashed deposit check from the City's Department of Public Works – Survey / Right-of-Way the Wednesday following the bid opening/auction date between 8:00 a.m. and 5:00 p.m. Any unclaimed deposit checks will be mailed to the unsuccessful bidders on the Thursday following the bid opening/auction and thus if I do not pick up the deposit check on the available day, I understand and consent to the City's mailing of the deposit check to the address listed above.

I certify that I will comply with all of the conditions of the Lease as outlined in the above-mentioned Resolution and associated Lease and that I will execute the Lease Agreement in substantially the form published if I am the successful bidder.

|                       |                                  |
|-----------------------|----------------------------------|
| _____                 | Company: _____                   |
| (Signature of Bidder) | Address: _____                   |
|                       | _____                            |
| Print Name: _____     | Authorized Representative: _____ |
| Title: _____          | Phone Number: (____) _____       |
|                       | Email: _____                     |

NOTE: If you wish to participate in the oral bid on the day of the auction, you must obtain a bid placard from the City Clerk's Office between 2:00 and 3:00 p.m. the day of the City Council Meeting. Bid placards must be returned to the City Clerk's Office once the bid process is completed.