

BIDDER'S FORM
THE CORPORATION OF THE TOWN OF COCHRANE
SALE OF LOTS

Reference Number

Purchase Price

Total Price:

Company or Individual's Name:

Name under which company
Conducts business
(if different from above):

Address:

Name of signing officer (s):

Contact representative:

Telephone:

Fax:

Bidder's Signature:

Date Received:

Time Received:

Witness:

***Note that a non-refundable deposit of ten (10%) of the purchase price (excluding H.S.T) shall be attached with your submission.**