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REGISTRATION FOR POSSIBLE
INTERESTED PARTIES/BIDDERS
FOR
Schoharie County's
Sale of Certified Home Health Agency and
Long Term Home Health Care Program
Operating Certificates

RFP 2009-02

Interested Party/Bidder _____

Contact Person: _____

Street Address: _____

Mailing Address: _____
(If Different from Street)

Phone & Fax Numbers: _____ **Fax:** _____

How did you find out of the RFP? ___ Newspaper: _____

___ Mailing

___ Other: _____

Fax form back to: Karen Miller, Auditor & Purchasing Agent
(518) 295-8482
Or
Email: millerk@co.schoharie.ny.us