## **AUGUSTA BLUEPRINT**

512 REYNOLDS STREET - AUGUSTA, GEORGIA 30901 706.722.6488 OR FAX 706.722.8935 | PRINT@AUGUSTABLUE.COM WWW.AUGUSTABLUE.COM

## #25-193 Highland Ave WTP Filter Rehab Phase 2

Date:				
Company Name:	P.0	.#_ Address:		
City & State:	_Zip Code:	Contact Person:	Phor	ne#
Email Address:			Fax#	
Total Cost for Drav	vings and Specificati	ons: \$175.00 (tax included	)	
Digital Copy select	: (additional cost \$1	8.00 per digital file): (		Email
		•		assured that each bidder has all the I copy). We will keep them here until
Delivery Metho	C U U	PS Next Day Air	JPS#	
◯ Fed-Ex will be	shipped Standard	Overnight unless othe	rwise noted	here:
ONLY GENERAL Co additional digital of	ONTRACTORS who h	•	opy of this pr ived this form	oject are entitled to purchase an MUST be filled out in its entirety.
Check Box to a	pprove sending Adde	endums by Email:		
Addendums Emai	l address:			
SHIP ADDENDUMS	б ТО: <u> </u>			_
	r charge to Credit ( ○ Visa ○Master	Card: Card ODiscover OA	merican Exp	ress
				a one-time payment.
Credit Car	d#:		_ CVV	_ Expiration Date
Signature:				
(	Production will on	ly start when the Fin	ancial Obliga	ition has been fulfilled)

Submit form to print@augustablue.com