

# City of Old Town Surplus Property Bid Form

Date of Bid: \_\_\_\_\_

Bidder's Name: \_\_\_\_\_

Bidder's Address: \_\_\_\_\_

Bidder's Email Address: \_\_\_\_\_

Bidder's Phone Number: \_\_\_\_\_

Item you are bidding on: \_\_\_\_\_

Amount of bid: \_\_\_\_\_

Amount of deposit: \_\_\_\_\_