|  |  |  |
| --- | --- | --- |
| Proposer’s Legal Name:  Click here to enter text. |  | Date of Request:  Click here to enter a date. |
| Title of Solicitation:  Click here to enter text. |  | Solicitation Number:  Click here to enter text. |

1. A **Solicitation Requirements Review** is being requested because Proposer (or Potential Proposer) asserts that it is being unfairly disadvantaged for the following reason(s) *(check all that apply)*:

Application of **Minimum Requirements**

Application of **Evaluation Criteria**

Application of **Business Requirements**

Due to **unclear instructions**, the process may result in County not receiving

the best possible responses

1. For each area contested, Proposer (or Potential Proposer) shall explain in detail the factual reason(s) for the requested review *(attach supporting documentation).*

I understand that this request must be received by County within the timeframe identified in the solicitation document.

|  |  |
| --- | --- |
| **Request Submitted By** | |
| Name: | Click here to enter text. |
| Signature: |  |
| Title: | Click here to enter text. |

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| --- | --- | --- |
| **County Review (For County Use Only)** | | |
| Date Transmittal Received by County: |  |  |
| Date Solicitation Released: |  |  |
| Reviewed by: |  |  |