



Award Recommendation Cover Memo

Date:

Contract Number /Name:

Purpose:

Vendor:

Requested Action:

Please sign below

Project Manager
(name/tile):

A handwritten signature in black ink, appearing to be "J. [unclear]", is written over a horizontal line.

Date:

Fire Department
Director:

Date:

Assistant City Manager
(if applicable):

Date:

For questions regarding this request, please contact:

Name / Number

Email