

Marysville Public Schools

SECTION 00 4200
PROPOSAL FORM

FAMILIAL RELATIONSHIP DISCLOSURE FORM MCL 380.1267 (d)

This form MUST BE NOTARIZED as a condition of being awarded business by the Marysville Public Schools

1. I, the Undersigned, being first duly sworn, depose and say; and my signature verifies, that there are no Owner(s), Principals, Officers, Agents, Employees, or Representatives of this form that have any familial relationship with any members of the Marysville Public Schools, or its Superintendent, unless specifically noted below:

The following are the familial relationship(s) disclosed:

	<u>Owner/Employee Name</u>	<u>Related to:</u>	<u>Relationships:</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

(Attach additional pages if necessary to disclose familial relationships)

2. I have personal knowledge and/or I have personally verified that the following are all of the familial relationships existing between the owner(s) and employees(s) of the aforementioned contractor and the school district's superintendent and/or board members
3. I have authority to bind the aforementioned contractor with the representations contained herein, and I am fully aware that the school district will rely on my representations in evaluating bids for the construction project.

There is no familial relationship that exists between the owners(s) and employee(s) of the aforementioned contract and the school district's superintendent and/or board members.

BIDDER'S FIRM NAME _____

BY (SIGNATURE) _____

PRINTED NAME AND TITLE: _____

Subscribed and sworn before me, this _____
day of _____, 20____, a Notary Public
In and for _____ County, _____

SEAL

Signature
My Commission expires _____