

TAMPA-HILLSBOROUGH COUNTY EXPRESSWAY AUTHORITY

ADDENDUM NO. 1

FOR

Delinquent Toll Account Collection Services

RFP No. T-00620

ADDENDUM NO. 1

PROJECT NAME: **Delinquent Toll Account Collection Services**

DATE OF ADDENDUM: **August 05, 2020**

PLEASE NOTE THE FOLLOWING ADDENDUM TO RFP T-00620:

Registration details for:

1. Proposal Opening public meeting ~ September 03, 2020 @ 2 p.m. EST
2. Evaluation Committee public meeting ~ September 11, 2020 @ 11 a.m. EST

You are invited to a Zoom meeting.

Topic: **Proposal Opening**

When: Sep 3, 2020 02:00 PM Eastern Time (US and Canada)

Register in advance for this meeting:

<https://us02web.zoom.us/joining/register/tZEkcuzspz0iG9CwEQ1aXeCSr8lQejarlkwL>

After registering, you will receive a confirmation email containing information about joining the meeting.

You are invited to a Zoom meeting.

Topic: **Evaluation Committee Meeting**

When: Sep 11, 2020 11:00 AM Eastern Time (US and Canada)

Register in advance for this meeting:

<https://us02web.zoom.us/joining/register/tZctdOuqrT0tHddtvzyZ36NvcGhaStlSn-nE>

After registering, you will receive a confirmation email containing information about joining the meeting.

Respondents MUST acknowledge receipt of this Addendum by signing, dating and returning the completed Acknowledgement of Receipt of Letter of Clarification/ Addendum form with Respondent's proposal.

All other items, conditions, and specifications in the procurement document not specifically changed by the Addendum remain unchanged.

Please send all questions to THEA's Procurement Manager, Man Le, via email at Man.Le@tampa-xway.com.

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDUM and/or LETTER OF CLARIFICATION

Were Addenda issued on this Solicitation?

- Yes
- No

Were Letter of Clarification issued on this Solicitation?

- Yes
- No

I (We) hereby acknowledge receipt of the following Addendum/Addenda issued in reference to this solicitation by listing the Addenda by number, date and signing the form:

Addendum _____
Addendum _____

Date: _____
Date: _____

Letter of Clarification _____
Letter of Clarification _____

Date: _____
Date: _____

Respondent:

By: _____
Authorized Signature

Printed Name of Signer

Title of Signer

Date Signed

[END OF ACKNOWLEDGMENT OF RECEIPT FORM]