

**Appendix A – Receipt Confirmation Form**

**RECEIPT CONFIRMATION FORM**

**RFI No. 1070-0708/511**

**RE: REQUEST FOR INFORMATION**

**HEALTH SERVICES SYSTEM – CASE MANAGEMENT**

Please complete this form and return via fax or e-mail to:

Mike Klein  
Project Management  
e-Mail: mklein@bchousing.org  
Fax Number: (604) 456-8872

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV./STATE : \_\_\_\_\_

POSTAL/ZIP CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

We have received a copy of the above noted document.

- A.     \_\_\_\_\_ We may be submitting a response.  
          \_\_\_\_\_ We **will not** be submitting a response.
- B.     We **will** be sending \_\_\_\_\_ representatives to the Respondent's Meeting.  
          \_\_\_\_\_ We **will not** be attending the Respondent's Meeting.
- C.     I authorize BC HOUSING to send further correspondence concerning this RFI by the following method (check one):

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

**FAILURE TO RETURN THIS FORM WILL RESULT IN  
NO FURTHER COMMUNICATION REGARDING THIS RFI.**