

Sale Bid Sheet

NAME OF BID ITEM: _____

ITEM NUMBER: _____

BID AMOUNT: _____ (Please indicate by the piece or total)

NAME OF PERSON BIDDING: _____

ADDRESS OF PERSON BIDDING: _____

TELEPHONE NUMBER WHERE PERSON CAN BE REACHED:

HOME PHONE _____ MOBILE PHONE _____

SIGNATURE OF PERSON BIDDING: _____

(Signature is confirmation of the bid amount and acceptance of the terms and conditions of the sale.)

****Winning bidders will be notified by phone at the end of the bidding period. Full payment must be made within five (5) days of winning bid announcement or the item is sold to the next bidder or is put up for sale again.**

Payment of item(s) is by cash or money order made payable to CCDJFS.

Sale Bid Sheets are to be mailed or dropped off at:

Columbiana County Department of Job & Family Services
110 N. Nelson Avenue
Lisbon, Ohio 44432
Attn: Business Office

OR

Can be faxed to 330-420-2107 or 330-424-0925 – Attn: Business Office

No sale bid sheets can be sent by email.

FOR BUSINESS USE ONLY

Date Bid Received: _____ Time Received: _____

Asset Number: _____