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# REQUEST FOR PROPOSALS

**August 22, 2008**

**RFP #2009-1365-2205**

**City of Newport News  
OFFICE OF THE PURCHASING DIRECTOR  
2400 Washington Avenue  
Newport News, VA 23607**



**Phone: (757) 926-8721/ Fax: (757) 926-8038**

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## Medical Plan Coverage

### ADDENDUM 4

**PROPOSAL DUE: September 5, 2008 at Close of Business (COB)**

Contract Officer:

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Bill Lindsey, CPPO, C.P.M., Purchasing Administrator

**Be Advised that the Proposal Due Date is hereby changed to September 5, 2008 at the Close of Business.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fed. Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is to be signed. All signatures must be original and not photocopies