



GWINNETT COUNTY
DEPARTMENT OF FINANCIAL SERVICES
PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935
(O) 770.822.8720 | (F) 770.822.8735
www.gwinnettcounty.com

BL031-20 Control Tower Roof Replacement Project

CODE OF ETHICS AFFIDAVIT

**(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH
YOUR SUBMITTAL AND WILL BE REQUIRED PRIOR TO EVALUATION)**

In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure under oath, to the best of his/her knowledge, of the name(s) of all elected officials whom it employs or who have a direct or indirect pecuniary interest in or with the bidder/proposer, its affiliates or its subcontractors:

1. **Roof Management, Inc.**

(Company Submitting Bid/Proposal)

2. (Please check one box below)

No information to disclose (*complete only section 4 below*)

Disclosed information below (*complete section 3 & section 4 below*)

3. (if additional space is required, please attach list)

Gwinnett County Elected Official Name

4.

BY:


Authorized Officer or Agent Signature

Chris Brickell

Printed Name of Authorized Officer or Agent/Notary Public

President

Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

15th day of June, 2020



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54.33. The ordinance will be available to view in its' entirety at www.gwinnettcounty.com



Proud Winner of the Annual **Achievement of Excellence Award** in Procurement since 1999



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1. _____ (Company Submitting Bid/Proposal)	
2. (Please check <input checked="" type="checkbox"/> one box below) <input checked="" type="checkbox"/> No information to disclose (<i>complete only section 4 below</i>) <input type="checkbox"/> Disclosed information below (<i>complete section 3 & section 4 below</i>)	
3. (if additional space is required, please attach list) Gwinnett County Elected Official Name _____ Gwinnett County Elected Official Name _____ Gwinnett County Elected Official Name _____ Gwinnett County Elected Official Name _____	
4. _____ BY: _____ Authorized Officer or Agent Signature _____ _____ Scott Coger _____ Printed Name of Authorized Officer or Agent/Notary Public _____ President _____ Title of Authorized Officer or Agent of Contractor (seal) _____	Sworn to and subscribed before me this 15 day of JUN, 20 20 _____

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