

APPENDIX C: Price Proposal Form

TOWN OF MAYNARD REQUEST FOR PROPOSALS (RFP)

Disposition of 1 Summer Street

Maynard, MA 01754

PRICE PROPOSAL FORM

PRICE

Please write your proposal offer:

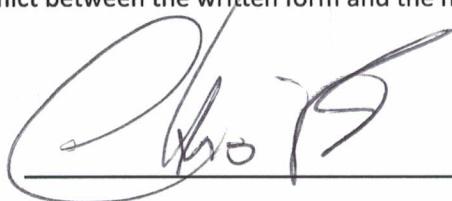
Two hundred and Seventy Thousand

Print/Type your proposal amount above in written form

270,000

Print/Type your proposal amount above in numerical form

Note: Both the written form and the numerical form should indicate the same total amount. If there is a conflict between the written form and the numerical form amounts, the written form will control.



Name of proposer

Name of Business: Industrial Rent LLC or Assigning
Date: 5/28/24

(Note: This form must be included in the proposal submission.)

Industrial Rent LLC or Assigning

APPENDIX F: FORM 3 – Certificate of Authority

TOWN OF MAYNARD REQUEST FOR PROPOSALS (RFP)

Disposition of 1 Summer St.

Maynard, MA 01754

FORM 3

CERTIFICATE OF AUTHORITY

Give full names and residences of all persons and parties interested in the foregoing proposal:

(Notice: Give first and last name in full; in case of a corporation, give names of President and Treasurer; in case of a limited liability company, give names of the individual members, and, if applicable, the names of all managers; in case of a partnership or a limited partnership, all partners, general and limited and; in case of a trust, all the trustees)

NAME

ADDRESS

ZIP CODE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Kindly furnish the following information regarding the Respondent:

IF A SOLE PROPRIETORSHIP

Name of Owner: Chris Franklin
Address: 6 Wayne Rd Westford MA 01886
Name of Business: Industrial Rent LLC
Home Address: 6 Wayne Rd, Westford MA 01886

IF A PARTNERSHIP

Business Name: _____

Business Address: _____

Names and Addresses of Partners:

PARTNER NAME	ADDRESS	ZIP CODE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF A CORPORATION OR A LIMITED LIABILITY COMPANY

Full Legal Name: Industrial Rents LLC

State of Incorporation: MA

Principal Place of Business: Westford MA

Registered in Massachusetts: Yes ✓ No _____

Place of Business in Massachusetts: Westford MA

IF A TRUST

Full Legal Name: _____

Recording Information: _____

State of Formation: _____

Full names and address of all trustees:

NAME	ADDRESS	ZIP CODE
_____	_____	_____

Signature:

Chris

Printed name:

Chris Franklin

Title:

Managing Member

Name of Business:

Techstorish Rent LLC

Date:

5/20/24

(Note: This form must be included in the proposal submission.)

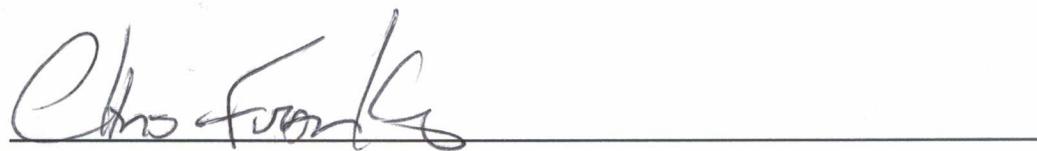
Any official elected to public office in the commonwealth, or any employee of the Town of Maynard disclosing beneficial interest in real property pursuant to this section, shall identify his position as part of the disclosure statement. The commissioner shall notify the state ethics commission of such names and shall make copies of any and all disclosure statements received available to the state ethics commission

The commissioner shall keep a copy of each disclosure statement received available for public inspection during regular business hours.

1. This Disclosure Statement is hereby signed under penalties of perjury.

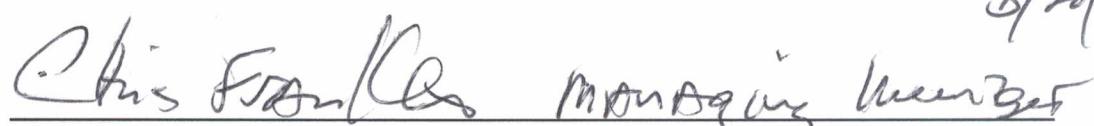


Print Name of Disclosing Party (from Section 4, above)



Authorized Signature of Disclosing Party

Date (mm /dd/yyyy)



Chris Franks Managing Member

Print Name & Title of Authorized Signer



Industrial Bank
LLC

(Note: This form must be included in the proposal submission and the original sent to DCAMM upon closing.) upon request