

SEALED BID FORM

Sweeny Community Hospital  
305 N. McKinney St.  
Sweeny, Texas 77480  
Attn: Materials Management Dept.

Pursuant to the sale of surplus property Lot #: \_\_\_\_\_

I am submitting a bid in the amount of \$\_\_\_\_\_.

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

Bidder: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

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

The successful bidder will be notified in writing once the bid is approved.

**Cashier's Check Only & Pick up Deadline is: July 21, 2019  
@ Hospital Location**