

BIDDER'S NAME:

SOLICITATION NO: 2022-114

## **EXHIBIT B**

## PURCHASING DEPARTMENT

619 DIVISION ST. MS-7 PORT ORCHARD, WA 98366 PHONE: (360) 337-4788

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## **EXCEPTIONS AND ASSUMPTIONS FORM**

and/or Assutable below Exceptions All cells below	per Assumptions taken to any terms, conditions, and specifications of the solicitation and associated documents must be clearly identified on the below and returned with the proposal. Unallowable or questionable Exceptions and/or Assumptions may cause a proposal to be non-responsive eptions or Assumptions noted elsewhere in the solicitation and not specified on this form will be considered void and may disqualify the offer sells below must be completed for each Exception and Assumption.  CIFICALLY DESCRIBE ALL EXCEPTIONS AND ASSUMPTIONS (attach additional pages if needed):  Intify All Exceptions and Deviations (check one)								
Identify A	ll Exceptions and Dev	viations (check one)							
□ No I	Exceptions Requested	: Bidder is not requesting ex-	ceptions to the solicitation and asse	ociated documents.					
☐ Bidd	ler requests the excepti	ons and/or assumptions iden	tified below:						
No	Section, page, and reference	Language to which an Exception or Assumption taken	Provide Basis for all Exceptions and Assumptions	Proposed Language	Price and Schedule Impact				
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The County does not intend to make changes to the terms and conditions of the solicitation, unless necessary to clarify the scope of work and technical

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Signature of Bidder's Authorized Representative  Date								
Name of Bidder's Authorized Representative (print)								
Title								