



# TOWN OF STONINGTON

152 Elm Street  
Stonington, CT 06378

## LOCAL VENDOR PREFERENCE AFFADAVIT

I certify that \_\_\_\_\_ meets all of the following qualifications to be eligible for the local vendor preference:  
(Name of Company)

(1) That \_\_\_\_\_ maintains an office within the legally defined boundaries of the Town of Stonington, Connecticut and have a majority of full time employees, chief officers, and managers regularly conducting work and business from these offices.  
(Name of Company)

(2) That \_\_\_\_\_ is not delinquent in the payment of any real estate, personal property taxes, or water and sewer charges.  
(Name of Company)

I make this certification with the full knowledge that should any information provided prove to be false, that \_\_\_\_\_ could be excluded from bidding on Town requirements.  
(Name of Company)

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

**Physical Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Owner's Name/Authorized Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

**Notary Public for the State of** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_

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*To be completed by Authorized Town Representative:*

**Vendor Certified:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorized Signature