

**APPENDIX P**  
**SITE VISIT ATTENDANCE NOTIFICATION**

**BID#:** \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

WWW: \_\_\_\_\_ FEIN: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

TYPED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

NAME AND TITLE OF ATTENDEES (PLEASE TYPE):

1. \_\_\_\_\_

2. \_\_\_\_\_

Email to:  
[contracts@nysif.com](mailto:contracts@nysif.com)

Fax to:  
(518) 437-4209

Or mail to:  
New York State Insurance Fund  
Procurement Unit  
15 Computer Drive West  
Albany, New York 12205