



Oxford Place Property Owner's Association Vendor Proposal Form

NOTE: All lines must be completed for proposal to be considered by POA Board.

Requester Name: _____ Date: _____

Vendor Name: _____

SSN/EIN Number: _____

Street Address: _____

City: _____

State, Zip: _____

Contact Name: _____

Phone Number: _____ Email: _____

Insurance Certificate (included): _____

Explanation of Services (quote included): _____
