

Mount Pleasant Independent School District

Sole Source Affidavit

Before me, the undersigned official, on this day, personally appeared, _____, a person known to me to be the person whose signature appears below, who after being duly sworn upon his/her oath deposed and said:

1. My name is _____; I am over the age of 18, have never been convicted of a felony and am competent to make this affidavit.

2. I am an authorized representative of the following company or firm:

3. The above named company or firm is the sole source of the following item(s) and no other company or firm in the United States of America sells or distributes the products listed below:

4. Competition in providing the above named item(s) or product(s) is precluded by the existence of a patent, copyright, secret process, or monopoly. Please indicate the status below:

5. There is/are no other like item(s) or product(s) available for purchase that would serve the same purpose or function and there is only one price for the above named item(s) or product(s) because of exclusive distribution or marketing rights.

Signature of Authorized Official **Title of Authorized Official**
SUBSCRIBED AND SWORN to before me on this _____ **day of** _____, **2**____.

Notary Public Signature (Seal)

Print Name

My Commission Expires

Company: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: () _____ **Fax Number: ()** _____

Contact Person: _____

Purchasing Department
P.O. Box 1117
Mount Pleasant, TX 75456-1117
903.575.2000
Fax: 903-575-2014