

# STATEMENT OF NO CHANGE

Submitted To: City of Indianapolis

From: Contact Person(s): \_\_\_\_\_

Certified Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Fax Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. I affirm, by my signature, that the following correctly addresses issues regarding changes in the circumstances of the certified firm indicated above (please check the appropriate line below):

\_\_\_\_\_ **For MBE or WBE Firms:** There have been no changes which affect the firm's ability to meet the disadvantaged status or ownership and control requirements of the City of Indianapolis', Minority & Women Business Utilization Plan.

\_\_\_\_\_ There have been no changes in the information provided with the firm's application for certification, except for changes about which you have been provided written notice as required. Those notice(s), regarding \_\_\_\_\_ was forwarded to the City Division of Equal Opportunity on or about \_\_\_\_\_.

\_\_\_\_\_ There have been changes in the information provided with the firm's application for certification which may impact size standards, disadvantaged status, ownership, or control requirements. These changes are thoroughly explained in an attachment to this form.

Please return this Statement of No Change to the attention of:

Regina Buckner, Office Manager  
1501 City County Building  
200 E. Washington Street  
Indianapolis, Indiana 46204

The above statements are true and correct to the best of my knowledge.

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_)

S.S.

County of \_\_\_\_\_)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_ (Seal)

My commission expires \_\_\_\_\_