DUKE R. GROOVER
INTERIM COUNTY ATTORNEY

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OFFICE OF THE COUNTY ATTORNEY

MICHAEL MCNEILL
SR. ASSISTANT COUNTY ATTORNEY

N. MICHELE HARRIS
ASSISTANT COUNTY ATTORNEY

JOEL A. J. CALLINS
ASSISTANT COUNTY ATTORNEY

DECLARATION OF REPRESENTATION BY COUNSEL

Your organization has a pending procurement solicitation response or transaction with the Macon-Bibb County under review by this office. You are **ALLOWED, BUT NOT REQUIRED** to have an attorney represent you in the process of responding to a County procurement solicitation or in the process of negotiating an awarded procurement contract.

The purpose of this form is to ensure our compliance with Rule 4.2 of the Georgia Rules of Professional Conduct, which reads, *"[a] lawyer who is representing a client in a matter shall not communicate about the subject of the representation with a person the lawyer knows to be represented by another lawyer in the matter, unless the lawyer has the consent of the other lawyer or is authorized to do so by law or court order.*" Please confirm the following information, and provide response to all questions:

Vendor name: _____

Requisition or Solicitation Number:_____

Are you represented by a lawyer for either (1) responding to this procurement matter; or (2) negotiating any awarded procurement contract with Macon-Bibb County? (Check one)

____ Yes _____No

If the answer to the above question is "yes," then sign below. Your attorney **MUST** sign and complete a Declaration of Counsel form, attached below in order for your response to be considered complete. Incomplete responses will be **DISQUALIFIED**.

If the answer to the above question is "no," then sign below and **STOP**. No Declaration of Counsel form is required.

Signed:_____ _____
Authorized Vendor Representative Date

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DECLARATION OF COUNSEL

I, _____, serve as legal Counsel for the above-named vendor, with respect to the above-described requisition or solicitation matter.

I hereby: (Check One)

_____ give consent to the Office of the County Attorney for Macon-Bibb County, its Attorneys and staff, to communicate directly with my client, and/or its authorized representative(s), employees, agents, and/or assigns about the subject of my representation in the above-described requisition or solicitation matter. I understand that this consent may be withdrawn at any time by sending written notice of such withdrawal to Macon-Bibb County Attorney's Office, P.O. Box 247, Macon, GA, 31202.

_____ do not give my consent for the Office of the County Attorney for Macon-Bibb County to communicate directly with my client about the subject of my representation in the above-described requisition or solicitation matter. All communications regarding this procurement matter shall be made through me or through any of the other attorneys listed below. My contact information is as follows:

Attorney Names: _____

_____

_____

Firm Name: _____

Address: _____

_____

Telephone: _____

Fax: _____

Email: _____

_____ _____

Attorney Signature Date

_____

Attest

Rev. 12/2019