



Request to Council to Waive Requirement  
for Proposals, Tenders and Quotations

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*Note: Requests to waive the requirement for Proposals, Tenders and Quotations are restricted to acquisitions that are predominantly or exclusively for consulting and professional services and must be made in accordance with Section 22.02 of By-Law No. 1043, Procurement & Disposal of Goods & Services Policy. Consulting and professional services means those services requiring the skills of a professional for a defined service and may include architects, engineers, surveyors, planners, financial consultants, lawyers, real estate agents or brokers, etc. Refer to Section 1.02 of the Policy for further examples of consulting and professional services.*

1. REASON FOR REQUEST

This represents a formal request to Council to waive the requirement for proposals, tenders and quotations for Consulting and Professional Services under Section 22.02 of the Procurement and Disposal of Goods and Services Policy. This request is being made on the basis of the following criteria (please select at least one of the options below):

- ☐ The works to be performed by the consultant or professional service are a continuation of a previous project (Section 22.02(a) of the By-Law)
- ☐ The firm being recommended has demonstrated unique qualifications to undertake the project (Section 22.02(b) of the By-Law)
- ☐ The project is subject to time constraints (Section 22.02(c) of the By-Law)
- ☐ Other (provide explanation in 3. below)

2. NAME AND TYPE OF CONSULTING OR PROFESSIONAL SERVICE

Name of Professional Service: \_\_\_\_\_

Type of Professional Service (select one):

- ☐ Engineer      ☐ Architect      ☐ Surveyor      ☐ Financial
- ☐ Planner      ☐ Lawyer      ☐ Real Estate Agent      ☐ IT
- ☐ Appraiser      ☐ Other (specify) \_\_\_\_\_

3. EXPLANATION OF REQUEST

Provide full explanation of how this request meets the criteria of Section 22.02 of By-Law No. 1043, Procurement & Disposal of Goods & Services Policy:



4. REQUESTING DEPARTMENT INFORMATION

Name of Department Head: \_\_\_\_\_

Department Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

5. APPROVAL INFORMATION *(to be completed by the Mayor and the Clerk of the Town of Essex)*

☐ Request Approved

☐ Request Not Approved

Date Approved/Not Approved: \_\_\_\_\_

Mayor’s Signature: \_\_\_\_\_

Clerk’s Signature: \_\_\_\_\_