

City Hall Events  
City and County of San Francisco  
City Hall, Room 495  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102  
Phone: (415) 554-6079



Office of the City Administrator  
City and County of San Francisco  
City Hall, Room 362  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102  
Phone: (415) 554-4851

## Service Area Identification Form

"Service Area" refers to the type of event service a vendor provides. Respondents should complete this form, list events that demonstrate their experience in the designated Service Area, and prioritize experience in facilities with preservation requirements similar to City Hall. Respondents meeting the minimum qualifications will be listed on the CHEO website under the Service Area designated on this form.

Respondents may apply to be listed in up to three (3) Service Areas. Respondents should not submit a separate RFQ for each Service Area in which they desire to be listed, but rather submit one (1) fully completed RFQ and select up to three (3) Service Areas on this form."

### Vendor Information

Vendor Name: \_\_\_\_\_

Title to be listed by Vendor Name on CHEO website: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Service Area:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Audio/Visual                                 | <input type="checkbox"/> Beverage & Alcohol | <input type="checkbox"/> Catering                                 | <input type="checkbox"/> Décor & Design |
| <input type="checkbox"/> Florists                                     | <input type="checkbox"/> Lighting           | <input type="checkbox"/> Event Support (Cleaning, EMT & Security) |   |
| <input type="checkbox"/> Rentals (Equipment, Gaming and Photo Booths) |   | <input type="checkbox"/> One-hour Wedding Package Musicians       |   |

1) Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Description of Services: \_\_\_\_\_

\_\_\_\_\_

2) Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Description of Services: \_\_\_\_\_

\_\_\_\_\_

3) Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Description of Services: \_\_\_\_\_

\_\_\_\_\_

4) Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Description of Services: \_\_\_\_\_

\_\_\_\_\_

5) Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Description of Services: \_\_\_\_\_

\_\_\_\_\_

6) Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Description of Services: \_\_\_\_\_

\_\_\_\_\_

7) Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Description of Services: \_\_\_\_\_

\_\_\_\_\_

8) Event Name: \_\_\_\_\_  
Event Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Description of Services: \_\_\_\_\_  
\_\_\_\_\_

9) Event Name: \_\_\_\_\_  
Event Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Description of Services: \_\_\_\_\_  
\_\_\_\_\_

10) Event Name: \_\_\_\_\_  
Event Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Description of Services: \_\_\_\_\_  
\_\_\_\_\_

11) Event Name: \_\_\_\_\_  
Event Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Description of Services: \_\_\_\_\_  
\_\_\_\_\_

12) Event Name: \_\_\_\_\_  
Event Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Description of Services: \_\_\_\_\_  
\_\_\_\_\_

13) Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Description of Services: \_\_\_\_\_

\_\_\_\_\_

14) Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Description of Services: \_\_\_\_\_

\_\_\_\_\_

15) Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Description of Services: \_\_\_\_\_

\_\_\_\_\_