**ITT SCHEDULE 6 – COMMERCIALLY SENSITIVE INFORMATION**

**Critical Care Transfer Service Call Handling**

**(the “Contract”)**

**Commercially sensitive information**

I declare that I wish the following information to be designated as commercially sensitive.

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The reason(s) it is considered that this information should be exempt under FOIA is:

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The period of time for which it is considered this information should be exempt is:

Tenderer to amend as appropriate [until award of Contract **OR** during the period of the Contract **OR** for a period of [NUMBER] years until [MONTH], [YEAR]].

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| SIGNATURE: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NAME (PRINT): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| POSITION: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| COMPANY: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DATE: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |