

PLEASE

IT IS A REQUIREMENT OF
THIS BID THAT EACH
PROPOSAL SUBMITTED
MUST HAVE A DUPLICATE
COPY ATTACHED.

YOUR COOPERATION IS
APPRECIATED

**TOWN OF WATERTOWN
WATERTOWN, CONNECTICUT 06795**

BID PROPOSAL

**Middlebury Road Drainage Bid
Watertown Public Works Department**

BID OPENING: Thursday, March 16, 2021, 11:00 a.m.

TO: *Donna Ford, Purchasing Agent
Town of Watertown
Town Hall
61 Echo Lake Road
Watertown, CT 06795*

The undersigned, as bidder, agrees to furnish Middlebury Road Drainage bid as specified herein and declares that no person or persons, other than those named herein, are interested in this Proposal; that this Proposal is made without collusion with any person, firm, or corporation; that he has carefully examined the location of the proposed work; that no person or persons acting in any official capacity for the Town is directly or indirectly interested therein or in any portion of the profit thereof; and that he proposes and agrees, if this Proposal is accepted to provide all necessary equipment, tools, labor and deliver and to do all work and furnish all materials specified in the manner and time therein prescribed, and according to the requirements of the Town as therein set forth, and that he will take in full payment therefor, the following unit prices and lump sums, to wit:

FIRM _____
Name

Street

City State Zip Code

NAME _____
Please Print

TELEPHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

SIGNED _____ DATE _____

Payment Terms _____

Time to Completion _____ Working Days

Have you taken any exceptions or have you deviated from our printed specification and if so, are such suggested changes clearly noted on the page provided for exceptions to specifications?

yes

no

RECEIPT OF ADDENDA

ADDENDUM #

SIGNATURE

DATE

- | | | |
|----|--|-----------|
| 1. | | _ / _ / _ |
| 2. | | _ / _ / _ |
| 3. | | _ / _ / _ |
| 4. | | _ / _ / _ |

NAME OF BIDDER: _____

OFFICIAL ADDRESS: _____

PHONE NUMBER: _____

BY: _____ TITLE: _____
(Please Print)

DATE: _____

SIGNATURE: _____

PROPOSED SUBCONTRACTORS

FIRM _____
Name

Street

City State Zip Code

CONTACT _____ TELEPHONE _____
Please Print
TYPE OF WORK TO BE PERFORMED _____

.....

FIRM _____
Name

Street

City State Zip Code

CONTACT _____ TELEPHONE _____
Please Print
TYPE OF WORK TO BE PERFORMED _____

.....

FIRM _____
Name

Street

City State Zip Code

CONTACT _____ TELEPHONE _____
Please Print
TYPE OF WORK TO BE PERFORMED _____

REFERENCES

Please list a minimum of three references of similar work performed within the last three years.

FIRM _____
Name _____
Street _____
City State Zip Code

CONTACT _____ TELEPHONE _____
Please Print
TYPE OF WORK TO BE PERFORMED _____

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FIRM _____
Name _____
Street _____
City State Zip Code

CONTACT _____ TELEPHONE _____
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TYPE OF WORK TO BE PERFORMED _____

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