FORM A: BID
(See B7)

1. Project Title

PROVISION OF HOURLY RATES FOR HIRED EQUIPMENT AND DUMP TRUCKS 2005 – 2006 SNOW SEASON

2. Bidder

_____
Name of Bidder

_____
Street

_____
City   Province   Postal Code

_____
Facsimile Number

(Mailing address if different)

_____
Street or P.O. Box

_____
City   Province   Postal Code

The Bidder is:

(Choose one)

☐ a sole proprietor

☐ a partnership

☐ a corporation

carrying on business under the above name.

3. Contact Person

The Bidder hereby authorizes the following contact person to represent the Bidder for purposes of the Bid.

_____
Contact Person   Title

_____
Telephone Number   Facsimile Number

4. Definitions

All capitalized terms used in the Contract shall have the meanings ascribed to them in the General Conditions and D3.

5. Offer

The Bidder hereby offers to perform the Work in accordance with the Contract for the Price(s), in Canadian funds, set out on Form B: Prices, appended hereto.

6. Commencement   The Bidder agrees that no Work shall commence until he is in receipt of
    of the Work   a Purchase Order authorizing the commencement of the Work.

7. Contract   The Bidder agrees that the Bid Opportunity in its entirety shall be
                    deemed to be incorporated in and to form a part of this offer
                    notwithstanding that not all parts thereof are necessarily attached to or
                    accompany this Bid Submission.

8. Addenda   The Bidder certifies that the following addenda have been received and
                    agrees that they shall be deemed to form a part of the Contract:

                    No.   _____   Dated   _____

                          _____   _____

                          _____   _____

9. Time   This offer shall be open for acceptance, binding and irrevocable for a
                    period of thirty (30) Calendar Days following the Submission Deadline.

10. Signatures   In witness whereof the Bidder or the Bidder's authorized official or
                    officials have signed this

                    _____ day of _____ , 20_____ .

                    Signature of Bidder or
                    Bidder's Authorized Official or Officials

                    _____

                    _____
                    (Print here name and official capacity of individual whose signature appears above)

                    _____

                    _____
                    (Print here name and official capacity of individual whose signature appears above

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FORM B: PRICES
HIRED SNOW REMOVAL AND EQUIPMENT RATE FORM
FOR THE 2005-2006 SNOW SEASON

Note: All applicable columns MUST be completed

Class Code	Unit Number/ License Plate	City Unit Number	Make	Model	Serial Number	Year of Manuf.	SAE or Drawbar H.P.	Dozer Blade Width	Attachments Wings, V Plows	Price Per Hour		
										North Area	East Area	South Area

Contractor or Company Name:

Address:

City	Province	Postal Code

Name of Registered Owner of Equipment:

ABOVE STATEMENTS ARE TRUE

Signature of Equipment Owner or Company Official:

Print Name: Signature:

Date:

Workers Compensation Registration Number:

_____

Goods & Services Tax Registration No.

*MUST BE SUBMITTED ON BID SHEET OR BID COULD BE REJECTED

*MUST BE FILLED OUT COMPLETELY AND CLEARLY

DUE TO CALL FORWARDING ONLY TWO NUMBER PER COMPANY

NB. Only One Phone No. to be Supplied.

Contact Person Regarding Accident or Damage Claims:

Name:

Phone Number:

FORM C: PRICES
PROVISION OF HOURLY RATES FOR HIRED SEMI-TRAILER DUMP TRUCKS FOR THE PUBLIC WORKS DEPARTMENT
FOR THE 2005 - 2006 SNOW SEASON   NOTE: All applicable columns MUST be completed

Class Code	Trailer License Plate	City Unit Number	Make	Trailer Length	Trailer Height Ground to Top of Plank Passenger Side	Price Per Hour

Contractor or Company Name:

Address:

City	Province	Postal Code

Workers Compensation Registration Number:

Goods & Services Tax Registration No.

Name of Registered Owner of Equipment:

ABOVE STATEMENTS ARE TRUE

Signature of Equipment Owner or Company Official:

Print Name: Signature:

Date:

MUST BE FILLED OUT CLEARLY AND COMPLETELY

DUE TO CALL FORWARDING ONLY ONE NUMBER PER COMPANY:

NB. Only One Phone No. to be Supplied.

Contact Person Regarding Accident or Damage Claims:

Name:

Phone Number: