

VENDOR'S RESPONSE – BID PAGE

*****NOTE: THE QUOTED PRICE SHOULD INCLUDE ANY ADDITIONAL COST**
Internal use only: NIGP Commodity Code: 968-93 Well Pointing Services (Dewatering)

DESCRIPTION	UNIT PRICE
Business Day Hourly Rental Rate	\$ _____ per Hour
Weekend Hourly Rental Rate	\$ _____ per Hour
Holiday Hourly Rental Rate	\$ _____ per Hour
Emergency Hourly Rental Rate	\$ _____ per Hour
Discount Percentage, If any for more than ____ Hrs./Week – Weekly Rate <small>Fill in amount of hours above</small>	\$ _____ Percentage %
Discount Percentage, If any for more than ____ Hrs./Month – Monthly Rate <small>Fill in amount of hours above</small>	\$ _____ Percentage %
Credit, if any (deducted per day) such as rainy days, etc.	\$ _____ Daily Rental \$ _____ Weekly Rental \$ _____ Monthly Rental
NOTE: Any services extending after ____ minutes will be accepted at the hourly rate. <small>Fill in amount above</small>	

ACKNOWLEDGMENT FORM

I/We the undersigned hereby certify that I/We am/are a duly authorized official of the company and have the authority to sign on behalf of the company and assure that all statements made in the bid are true. I/We agree to furnish and deliver the specified items/services at the prices stated herein, and have read, understand, and agree to the terms and conditions contained herein and on all of the attachments.

COMPANY NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE NUMBER:

FAX NUMBER:

***CELL NUMBER:**

CONTACT PERSON:

***E-MAIL ADDRESS:**

AUTHORIZED SIGNATURE:

TITLE:

DATE:

VENDOR'S RESPONSE – VENDOR'S EQUIPMENT LIST

As part of the requirements, please submit a list of all owned and/or leased vacuum trucks and other equipment to be utilized for this project. Vehicles listed shall be covered under insurance requirements as set forth by Hidalgo County. Please use additional sheets, if required.

TRUCK/ UNIT NO.	YEAR	MAKE	MODEL	VIN	LICENSE PLATE	OWNED (O) or LEASED (L)?	VACUUM RATE (GPM)
1							
2							
3							
4							
5							
6							
7							
8							
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VENDOR'S RESPONSE – VENDOR'S DRIVER INFORMATION

As part of the requirements, please submit a list of current drivers that will be operating your company owned and/or leased vacuum trucks and other equipment for this project. Drivers listed shall be covered under insurance requirements as set forth by Hidalgo County. Please use additional sheets, if required. **Copies of current certified driver's licenses for each driver must be submitted upon notification of award.**

NAME OF DRIVER	DRIVER'S LICENSE NO.	TRUCK/UNIT NO.
1		
2		
3		
4		
5		
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