

# REQUEST FOR QUOTATION

CITY OF WINTER HAVEN

**" An Equal Opportunity Employer"**

RFQ-10-15

Please return quote to:  
**City of Winter Haven**  
**Procurement Service Division**  
**P.O. Box 2277**  
**Winter Haven, FL 33883-2277**

For additional information and clarification contact:

\* **Department Name: Community Services**

\***Contact Person: Donna Nixon or Debbie Battista**

\***Telephone #: 863-291-5656**

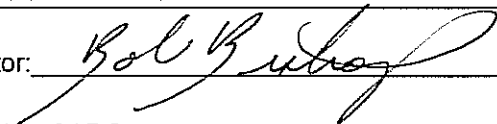
**DATE ISSUED:** 3/1/2010

Please quote on the following items:

Item*	Quantity*	Description*	Total Cost
		<b>Chain O' Lakes Complex</b>	
		<b>210 Cypress Gardens, Winter Haven, FL 33880</b>	
		Repairs to existing Marley Cooling Tower	\$ _____
		Remove and replace 6 blade fan, remove and replace gearbox, clean fill media, realign gearbox drive shaft and motor, clean cooling tower exterior, clean spill box, clean out and check spill nozzles (if nozzles need replacing a quote must be provided), clean sump, reseal sump leaks, clean sump screens, adjust flow.	
		Price to be inclusive of any and all equipment, labor and logistical equipment except spill nozzles.	
		<b>A pre-bid meeting will be held on March 11, 2010 at 9:00 A.M., at the Chain O' Lakes Complex.</b>	
		Contractor must provide a copy of License, Liability, Workers Compensation and Automotive Insurance within 48 hours of award, naming the City of Winter Haven as additional insured.	

**Prices must be valid for 90 days.**

Procurement Services Division Director: \_\_\_\_\_



DELIVERY WANTED: Within two weeks of ARO

We offer to sell you as above F.O.B., Winter Haven, Florida. Delivery can be made in \_\_\_\_\_ days from receipt of order.

Date: \_\_\_\_\_ Return this quotation **NOT LATER THAN 2:00 P.M., March 24, 2010**

TO: Procurement Services Division, address above or FAX TO 863-291-5666

SIGNATURE: \_\_\_\_\_

\*\*COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

**W-9 MUST BE ATTACHED TO THE RFQ WHEN RETURNED BY THE RESPONDING VENDOR.**

**\*\*PAYMENT WILL BE RENDERED TO THE NAME AND ID APPEARING ON THE W-9.**