

REQUEST FOR QUOTATION

CITY OF WINTER HAVEN

" An Equal Opportunity Employer"

RFQ-10-14 _____

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

Debbie Battista

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

DATE ISSUED: 2/25/2010

Please quote on the following items:

Item*	Quantity*	Description*	Total Cost
		Upgrade existing Range Guard wet chemical fire	
		surppression system to meet UL 300 standards.	
		Location: Chain O' Lakes Complex	
		210 Cypress Gardens Blvd, Winter Haven, FL 33880	\$ _____
		Existing system in kitchen	
		Range Guard model number 46	
		Cylinder size 4 gallon.	
		Master cylinder serial number 152284	
		Slave cylinder serial number W7045	
		Hood # 1 size 22' x 4' Hood # 2 size 22' x 4'	
		Duct size 24" x 38" and 24" x 24"	
		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 2 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 11, 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.**