

# REQUEST FOR QUOTATION

RFQ-11-10

CITY OF WINTER HAVEN

" An Equal Opportunity Employer"

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: Fire Department

\*Contact Person: Chris Humphrey

\*Telephone #: 863-291-5677

DATE ISSUED:

10/25/2010

Please quote on the following items:

	Price
<p>The City is seeking bids to sell two (2) Breathing Air Systems The buyer must remove unit(s) within 30 days of award. There are no warranties made, expressed or implied, including the warranty of merchantability and/or fitness for a particular purpose. All equipment sold on an 'As-Is', 'Where-Is' basis.</p> <p>System 1 located 551 3rd St NW, WH, FL. 33880 MAKO Model VPR - 15, age unknown - City of Winter Haven aquired used in 1989 26 CFM, 5,000 PSI Continuous Duty Air Compressor, water cooled Open Mako Fill Station, with one storage tank Still in operation, have maintained air quality test until this past quarter.</p> <p style="text-align: right;"><b>Price you will pay the City</b>                      \$ _____</p> <p>System 2 location 4700 Lucerne Park Road, WH, FL Ingrsoll-Rand Baron-II, Model H15T4, Manufactured 1993 5,000 PSI, 4 Storage Tanks not in service</p> <p style="text-align: right;"><b>Price you will pay the City</b>                      \$ _____</p> <p>The City may combine awards, split awards or make awards that are in it's best interest Sucessful bidder(s) will also be required to sign a hold-harmless sales agreement.</p>	

Prices must be valid for 90 days.

Procurement Services Division Director: 

DELIVERY WANTED:

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., 11/09/10**

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.**

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