

REQUEST FOR QUOTATION

CITY OF WINTER HAVEN

" An Equal Opportunity Employer"

RFQ-12-18

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: Utility Services Department

*Contact Person: Ed Truman

*Email Address: etruman@mywinterhaven.com

*Telephone #: (863) 298-5472

DATE ISSUED: 11/17/2011

Please quote on the following items:

Item*	Quantity*	Description*	Unit Cost	Total Cost
A	13	Holophane Crestwood Model CW2A-15AHP-12-CA- CWAPR12-BZ 3" O.D. Tenon Mount. ("Or Equal" will only be considered if style and color is equal in design to the specified above mentioned fixture.)	\$ _____	\$ _____
B	13	HAPCO CO. #73142-009-01-D4AH-01-LAFL 14 ft. Aluminum tapered light pole or equal with 3" tenon mount for the above fixture. All materials are to meet Florida wind force codes of 110 MPH.	\$ _____	\$ _____
Total, Items A-B				\$ _____

* To be filled out by dept.

Prices must be valid for 90 days.

Procurement Services Division Director: 

DELIVERY WANTED : 6 weeks 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., November 29, 2011**

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

SIGNATURE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE: _____

PHONE: _____

EMAIL ADDRESS: _____