# REQUEST FOR QUOTATION

**RFQ-12-25**

**CITY OF WINTER HAVEN**
**" An Equal Opportunity Employer"**

**Please return quote to:**

**City of Winter Haven**
**Procurement Service Division**
**401 6th St SW**
**Winter Haven, Fl 33880**

**For additional information and clarification contact:**

**Department Name:** **Utility Services**

**Jay Johnson**

**Telephone #:** **863-291-5853**

**DATE ISSUED:** 12/8/2011

Please quote on the following items:

| Item | Quantity | Description | | Total Cost |
|---|---|---|---|---|
| | | | | |
| | 1 ea | MUN-IV Utility Service Analyzer (Mars Company) | | $ |
| | | Large field meter tester | | |
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| | | **Note: No substitutions** | | |
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**Prices must be valid for 90 days.**

Procurement Services Division Director: Bob Bishop

DELIVERY WANTED: 5 days after acceptance of quote

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

**Quotation must be received NO LATER THAN 2:00 P.M., December 22, 2011**
**to: Procurement Services Division, address above or FAX TO 863-291-5666**

SIGNATURE: _____

DATE: _____

**COMPANY NAME: _____

ADDRESS: _____

CITY/STATE _____

PHONE: _____

FAX: _____

EMAIL: _____

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