

# REQUEST FOR QUOTATION

CITY OF WINTER HAVEN

" An Equal Opportunity Employer"

RFQ-12-40

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

\*Contact Person: Ed Truman

\*Telephone #: 863-298-5472

DATE ISSUED:

February 1, 2012

Please quote on the following items:

Item*	Quantity*	Description*	Total Cost
A	13	Furnish all Labor, Equipment, Electrical supplies, and Supervision to remove existing (13) poles and lighting fixtures ( <b>see attached plan</b> ) and replace with (13) new City purchased units. Contractor shall be responsible for making the following modifications to all (13) existing base bracket ( <b>example:see attached photo</b> ). 1) Clean, prep and coat with Tnemec epoxy. 2) Make mounting hole modifications (if required) for new pole installation. 3) Furnish all wiring, watertite sealtite flex connections and all supplies needed to make new light fixtures operational per all building electrical codes. All removed equipment will remain the property of the City of Winter Haven. All work to be performed by a <b>Florida Licensed Electrical Contractor</b> . <b>Location:</b> Wastewater plant #3 at 4400 Pollard Rd. Winter Haven, Fl. 33884 (863) 291-5763	

### Insurance Requirements:

The Contractor must carry workers compensation, general liability and automobile insurance in an amount and form acceptable to the City, with limits of no less than \$500,000. Current copy listing the City of Winter Haven as additional insured must be provided to the City within 48 hours after awarded.

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

Procurement Services Division Director: 

### COMPLETION WANTED: WITHIN 60 DAYS ARO

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

Date: \_\_\_\_\_ Return this quotation **NOT LATER THAN 2:00 P.M., February 16, 2012**

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

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

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

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

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

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

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