

Goodrich Memorial Library Brick and Walkway Project Bid Form

Name of Firm:		
Address:		
Phone Number(s):		
E-mail:		
Contact Person:		
Price for repairing and repointing bricks	\$	
Price for removing and replacing current walkway	\$	
Anticipated start date: Anticipated co	mpletion date:	

Please indicate any conditions or special circumstances that would require any changes in the scope and/or additional charges:

Agreement:

The signature below represents the contractor's acknowledgement that this is an agreement, and he/she agrees to the terms and conditions in the RFP and as stated above.

Signature:

Date:_____

NOTE: Please mark sealed bid envelope or E-mail subject line as "GOODRICH MEMORIAL LIBRARY BRICK & WALKWAY PROJECT."