



Goodrich Memorial Library
202 Main Street
Newport, Vermont
Building Maintenance Request for Proposals

**Goodrich Memorial Library
Slate Roof Inspection and Repair
Bid Form**

Name of Firm: _____

Address: _____

Phone Number(s): _____

E-mail: _____

Contact Person: _____

Price for inspection of slate roof: \$ _____

Price for repairing slate roof: \$ _____

Anticipated start date: _____ Anticipated completion 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 SLATE ROOF."