VILLAGE OF LOWVILLE

5535 Bostwick Street • Lowville, New York 13367
Telephone (315) 376-2834 • Fax (315) 376-2010 • TDD 1-800-662-1220
www.villageoflowville.gov

BID SHEET

Furnished and delivered F.O.B. Village of Lowville's Harold F. Woolshlager Water Filtration Plant, supply of Liquid Caustic 25% (ALKALI-250) to be used in the treatment of the Village's drinking water supply, as per the attached specifications.

PROPOSAL OR BID

In compliance with foregoing invitation for bids, and subject to all the conditions thereof the undersigned offers and agrees, if this bid be accepted within a reasonable time from the date of opening of bids, to enter into a contract in accordance with the price and/or prices stated herein.

The awarding of this bid by the Village of Lowville to the successful bidder shall constitute a binding contract between the parties, the successful bidder agreeing to comply with all the provisions of the Bidder's Specifications, the Legal Advertisement, General Conditions, Special Conditions, Instrumentation to Bidders and Specifications applying, form part of this proposal.

Bid Price of Liquid Caustic 25% (Alkali-250) - (55-gallon drum)
Additional conditions:
- To include delivery and pick up of empty containers
- No third-party trucking for chemical deliveries
- Chemical training for product used

_____ $_____
(Words) **(Figure)**

Bid Price of Drum Deposit (per Drum):

_____ $_____
(Words) **(Figure)**

Phone Number For Ordering: ( )_____

24-Hour Emergency Phone Number: ( )_____

In order for bid to be valid, bidder shall attach the following to this bid form in the order indicated:

1. Non-collusion bidding certification.
2. Affidavit of suitability for treatment of drinking water.
3. Required information to be submitted with bid as indicated in the specifications.
4. Documentation of deviations from the bid specifications, if any.
5. Specifications as set forth by the Village of Lowville.

_____
(Printed or Typed Legal Name of Company or Corporation)

By: _____
(Signature of Authorized Officer)

_____
(Printed or Typed Name of Authorized Officer)

_____
(Printed or Typed Title of Authorized Officer)

Address: _____

_____

Telephone: ( )_____

Dated: _____/_____/_____