TOWN OF BRISTOL
2019 West Street and East Street Dry Wells Construction
BID FORM

Name of Firm: _____

Address: _____

_____

Phone(s): _____

E-mail: _____

Contact Pers.: _____

West Street Dry Wells Lump Sum : $_____

Anticipated start date: _____

Anticipated completion date: _____

Please indicate any information, conditions, or special circumstances that would necessitate any adjustments: _____

_____

_____

_____

East Street Dry Wells Lump Sum : $_____

Anticipated start date: _____

Anticipated completion date: _____

Please indicate any information, conditions, or special circumstances that would necessitate any adjustments: _____

_____

_____

_____

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

Signature: _____ Date: _____