

Sue McNamara
MAYOR



Michele McMahon
CITY ADMINISTRATOR/CLERK

Bid Proposal Form

Date _____

Contractor Name _____

Contractor Address _____

Contractor Phone / Fax _____

Contractor Contact Name _____

Contractor Contact Email _____

Total Project Quote for all materials and labor \$ _____

Alternate Quote / Description

Project Start Date _____ Project Completion Date _____

Clarifications

Proposal Submitted by _____ and valid for forty five (45) days from date above.

City of Clarkson Valley

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