RFP: Select One

Districts:_____

Class	Description	Equipment Rate				Operator Rate			
		Hr.	Day	Wk.	Mo.	Hr.	Day	Wk.	Mo.

OTHER PERTINENT EQUIPMENT FOR TASKS OF THIS RFP.
DO NOT ATTACH YOUR COMPANY'S EQUIPMENT LIST.
See attached code list – use additional copies of this page if necessary

Is Equipment Rented Without an Operator? ☐ YES ☐ NO Mobilization

Rate: per assigned work order $_____per hour

Contractor:_____ Contact Person:_____

Email: _____ Phone:_____