

IFB 26-07  
Towing and Recovery Services

**VENDOR INFORMATION FORM**

**To be completed by Bidder and submitted with bid.**

If additional space is required, please attach a separate sheet of paper with response.

1. Full legal name of business \_\_\_\_\_

2. Address \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

4. Name of Principal Officers:

President \_\_\_\_\_

Secretary \_\_\_\_\_

(If partnership, furnish name and address of each)

5. How long have you been in business as a company providing towing and road service? \_\_\_\_\_ years

6. How many employees?

A. Full Time \_\_\_\_\_

B. Temporary \_\_\_\_\_

C. Qualified Towing Operations \_\_\_\_\_ (Including A and B)

7. Is towing your principal operation? Yes \_\_\_\_\_ No \_\_\_\_\_

8. If answer to above Item 7 is "No", please indicate your principal operation. \_\_\_\_\_

9. List any vehicle(s) which your firm is unable to tow:

\_\_\_\_\_

10. Normal Business Hours

\_\_\_\_\_

11. 24/7 Phone Number for Service Calls

\_\_\_\_\_

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**FOR THE PURPOSE OF THIS BID THE FOLLOWING HOLIDAYS SHALL APPLY.**

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**SYSTEM FOR HANDLING AFTER HOURS CALLS:**

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**TOW VEHICLES TO BE USED UNDER THIS CONTRACT & REGISTERED TOWING WT.**

**YEAR**      **MAKE**      **MODEL**      **G.V.W. LICENSE CAPACITY**

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**PLEASE LIST THE LOCATION (S) OF THE OFFICE(S)/YARD(S) FROM WHERE YOUR TOW TRUCKS ARE NORMALLY DISPATCHED:**

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