

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.

SYSTEM FOR HANDLING AFTER HOURS CALLS:

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

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>G.V.W. LICENSE CAPACITY</u>
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PLEASE LIST THE LOCATION (S) OF THE OFFICE(S)/YARD(S) FROM WHERE YOUR TOW TRUCKS ARE NORMALLY DISPATCHED:
