

Roscommon County Road Commission

Fred Chidester, Commissioner
Justin Wykoff, Commissioner
Jim Porath, Commissioner
Brian Vaughn, Commissioner
John Earley, Commissioner

**820 E. West Branch Road
Prudenville, MI 48651**

Tim O'Rourke, Manager
Phone: (989) 366-0333
Fax: (989) 366-0299
Website: www.roscommoncrc.com
E-mail: rcrc@roscommoncrc.com

NOTICE TO BIDDERS

The Roscommon County Road Commission will receive quotes until 2:00 p.m. on Wednesday, April 17, 2019. Our office is located at 820 E. West Branch Road, Prudenville, MI 48651, for the item: Vac Truck Rental.

VAC TRUCK RENTAL

Specifications may be obtained by contacting the Roscommon County Road Commission at the above address or by calling (989)-366-0333.

Submit quotes by mail, fax or email that is clearly marked with the words "**VAC TRUCK RENTAL**".

The Roscommon County Road Commission reserves the right to reject any or all bids, to waive irregularities in any bid, to waive details in the specifications, and to accept the bid deemed to be in the best interest of Roscommon County.

ROSCOMMON COUNTY BOARD
OF ROAD COMMISSIONERS

Jim Porath, Chair
Fred Chidester, Vice-Chair
Brian Vaughn, Member
John Earley, Member
Justin Wykoff, Member

ROSCOMMON COUNTY ROAD COMMISSION
QUOTE
SPECIFACATION
FOR
VAC TRUCK RENTAL

The Roscommon County Road Commission is asking for quotes on Vac Truck rental for cleaning MDOT storm catch basins. (Per month for 3 months)

General

1. Truck must be no older than 2 years old.
2. The truck will be operated by Roscommon County Road Commission employees and training must be provided by supplier.
3. We are asking for a per month quote.
4. Minimum Debris Hopper size 15 yard.
5. Minimum Water Tank size 1,500 gallons.
6. Minimum 80 GPM Pump.
7. Delivery of truck to Roscommon County Road Commission, 820 E. West Branch Rd. Prudenville, MI 48651.
8. The Roscommon County Road Commission will provide Insurance on truck.
9. Months requested May, June and July.
10. ***Quote may be extended with mutual agreement.***

QUOTE PRICE _____ PER. MONTH

Company Name Phone _____

Address

Representative's Signature Date _____

Representative's Name (printed) Fax # _____