

**BID SHEET**

**RURAL MUNICIPALITY OF ARMSTRONG  
QUOTATION: 2023/24 PRIVATELY OWNED EQUIPMENT HOURLY RATES**

**2023/24 CONSTRUCTION / MAINTENANCE SEASON**

Return this page and completed Equipment Description Sheet only.  
Envelope to be marked "2023/24 Equipment Rates"

\_\_\_\_\_  
Name of Registered Owner

\_\_\_\_\_  
Workers Compensation No.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
email

\_\_\_\_\_  
Telephone No. (Home/Business)

\_\_\_\_\_  
Cellular Telephone No.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number (attach Certificate of Insurance)

\_\_\_\_\_  
Equipment Location

**Note:** All information on this page and Equipment Description / Quotation Sheet must be completed or the quotation may not be considered.

I hereby agree to provide the equipment noted on the Equipment Description Sheet(s) for service to the Rural Municipality of Armstrong at the Hourly Rate(s) as specified. I understand that there is no fixed amount of work and that I may be called upon from time to time. This request for Quotation and this Bid shall be deemed to be incorporated in and form a part of any request for services whether written or oral.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Registered Owner

**Quotation Sheet for 2023/24 Rates  
Equipment Description Sheet**

**Equipment:**

**Type:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Model:** \_\_\_\_\_ **Make:** \_\_\_\_\_

**Machine Weight:** \_\_\_\_\_ **NetHp:** \_\_\_\_\_

**Working Rate Per hour:** \_\_\_\_\_ (do not include GST or PST)

**List any attachments to equipment and rates for each attachment additional to the hourly rate of the equipment:**

**Description of attachment:**

\_\_\_\_\_ **Cost:** \_\_\_\_\_

\_\_\_\_\_ **Cost:** \_\_\_\_\_

\_\_\_\_\_ **Cost:** \_\_\_\_\_

**Equipment:**

**Type:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Model:** \_\_\_\_\_ **Make:** \_\_\_\_\_

**Machine Weight:** \_\_\_\_\_ **NetHP:** \_\_\_\_\_

**Working Rate Per hour:** \_\_\_\_\_ (do not include GST or PST)

**List any attachments to equipment and rates for each attachment additional to the hourly rate of the equipment:**

**Description of attachment:**

\_\_\_\_\_ **Cost:** \_\_\_\_\_

\_\_\_\_\_ **Cost:** \_\_\_\_\_

\_\_\_\_\_ **Cost:** \_\_\_\_\_

PLEASE COPY THIS PAGE FOR ADDITIONAL EQUIPMENT IF THERE IS MORE THAN THIS PAGE ALLOWS.