

TOWN OF LEADER
2024 Request for Tender
**Transfer Station Operation Contract – 5 Month Term
Submission Form**

Name of Bidder: _____

Contact Phone Number: _____

Email Address: _____

Mailing Address: _____

Total Cost for Services Provided:

BID PRICE

Hourly Rate: \$ _____

or

Monthly Rate: \$ _____

*Please note that the winning contractor is required to find an alternate individual to carry out the duties in the contract on days they are unable to complete the services themselves.

SIGNATORIES

This bid was executed at _____ this _____ day of _____, 2024.

BIDDER

Print Name

Signature