



**MUNICIPAL DISTRICT OF SPIRIT RIVER NO. 133
BID EQUIPMENT SHEET**

DATE:

COMPANY NAME:

CONTACT NAME:

PHONE NO.

NAME OF OWNER:

ADDRESS:

CITY

PROVINCE

POSTAL CODE

PHONE:

CELL NO.

EMAIL:

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO BID SHEET

WORKERS COMPENSATION ACCT NO.

LIABILITY INSURANCE AGENT:

INSURANCE ACCT NO.

GST REGISTRATION NO.

LIST OF EQUIPMENT

HOURLY RATE

DAY RATE