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| **ALL Information requested below must be filled in.** | | | | | | | | |
| **EQUIPMENT LIST**  The following vehicles will be made available for snow plowing by successful contractors. Please indicate whether the equipment has a salt spreader or not by checking the appropriate box. | | | | | | | | |
| **MAKE/MODEL/YEAR** |  | **LICENSE PLATE NO.** |  | **CONTRACTOR**  **VEHICLE NO.** |  | | **SALT SPREADER** | |
|  |  |  |  |  |  | | **YES** | **NO** |
| **5-9 Cubic Yard Trucks** |  |  |  |  |  | |  |  |
| Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | |  |  |
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| **10-16+ Cubic Yard Trucks with MINIMUM 10’ Plow Attached** | | | | | |  | |  |
| Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | |  |  |
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| **Graders** |  |  |  |  |  | |  |  |
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| **EQUIPMENT LIST (Cont’d)** | | | | | | | |
| **MAKE/MODEL/YEAR** |  | **LICENSE PLATE NO.** |  | **CONTRACTOR**  **VEHICLE NO.** |  | **SALT SPREADER** | |
|  |  |  |  |  |  | **YES** | **NO** |
| **Loaders** |  |  |  |  |  |  |  |
| Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  |  |  |
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| COMPANY NAME: | Click or tap here to enter text. | | | | | | |
| CONTACT PERSON: | Click or tap here to enter text. | | | | | | |
| ADDRESS: | Click or tap here to enter text. | | | | | | |
| TELEPHONE NUMBER: | Click or tap here to enter text. | | | | | | |
| CELL PHONE NUMBER: | Click or tap here to enter text. | | | | | | |
| FAX NUMBER: | Click or tap here to enter text. | | | | | | |