

Quote Request

Multi-Tree Removal Arlington Heights

Quotes due October 24, 2014 @ 2:00 p.m.

Fax to Debbie Norkevicus at (412) 456-5007

Scope of Services

Please provide the following services: Arlington Height Management Office 3123 Cordell Place, Rear

- 3128 Cordell Place – Removal of large dead Ash tree over wires and dumpster
- 3123 Cordell Place (rear)– Removal of 2 Ash trees over play area
- 3123 Cordell Place (rear)– Removal of 1 Ash tree over Handicap ramp
- 3059 Arlington Ave – 1 Dying or dead Cherry tree, back corner of parking lot; one large branch already broken
- 3026 Arlington Ave (front) – Removal of Ash tree over steps
- 3026 Arlington Ave (back center) – dead Cherry tree
- 3006 Arlington Ave (back) – Removal of dead Locust leaning towards building and windows
- 3006 Arlington Ave (front) – Removal of large dead Ash tree over steps
- Tree to be cut to ground level.
- There is no stump grinding
- Haul away debris (Debris is not to be placed in HACP trash receptacles)
- All work is to be professionally done
- All work is to be coordinated with the Site Manager
- Vendor is responsible for obtaining all required permits
- **SITE VISIT ON OCTOBER 22, 2014 @ 2:00PM (Please meet at Management Office)**

COST OF PREPARATION OF QUOTE: All costs incurred, directly or indirectly, by the bidder in responding to or inquiring about this quote, including, travel, preparation, communication, consultation, design, submission, and miscellaneous expenses, shall be the sole responsibility of the bidder and shall be borne by the bidder. HACP will not reimburse the bidder for said cost.

Please contact Debbie Norkevicus at 412.456.5000 Ext. 8502 or Debbie.Norkevicus@HACP.org with any questions about the above scope.

Quote Request

Multi-Tree Removal at Arlington Heights

(Due 10/24/14 @ 2:00PM)

Total for All Work: \$ _____

Total for All Work: _____
(in words)

Contract award will be based on lowest total bid amount

(Please print clearly)

Company Name: _____

Address: _____
(of company)

Signature: _____

Print Name: _____
(of person signing)

Phone Number: _____ Fax: _____

Email: _____