

Battalion 09: 8880 Gerber Road, Sacramento 95828



Legal Contractual Name of Firm: _____

Contact Name: _____

Title: _____

Email: _____

Phone: _____ Anticipated Start Date: _____

System #1: Manufacturer _____

System #1: Model Number _____

System #1: AHRI Rating _____

System #2: Manufacturer **Metro Fire Provided**

System #2: Model Number **Metro Fire Provided**

System #2: AHRI Rating **Metro Fire Provided**

Bid Amount: _____ Notes: _____

FILLED OUT BY PROPOSER

Signature: _____ Title: _____ Date: ____/____/____

Print Name: _____ Company name: _____

Fire Station 51: 8210 Meadowhaven Drive, Sacramento 95828



Legal Contractual Name of Firm: _____

Contact Name: _____

Title: _____

Email: _____

Phone: _____ Anticipated Start Date: _____

System: Manufacturer _____

System: Model Number _____

System: AHRI Rating _____

Bid Amount: _____ Notes: _____

FILLED OUT BY PROPOSER

Signature: _____ Title: _____ Date: ____/____/____

Print Name: _____ Company name: _____

Fire Station 55: 7776 Excelsior Road, Sacramento 95829



Legal Contractual Name of Firm: _____

Contact Name: _____

Title: _____

Email: _____

Phone: _____ Anticipated Start Date: _____

System: Manufacturer _____

System: Model Number _____

System: AHRI Rating _____

Bid Amount: _____ Notes: _____

FILLED OUT BY PROPOSER

Signature: _____ Title: _____ Date: ____/____/____

Print Name: _____ Company name: _____

Fire Station 31: 7950 California Avenue, Fair Oaks 95628



Legal Contractual Name of Firm: _____

Contact Name: _____

Title: _____

Email: _____

Phone: _____ Anticipated Start Date: _____

System: Manufacturer _____

System: Model Number _____

System: AHRI Rating _____

Bid Amount: _____ Notes: _____

FILLED OUT BY PROPOSER

Signature: _____ Title: _____ Date: ____/____/____

Print Name: _____ Company name: _____

Fire Station 41: 6900 Thomas Drive, North Highlands 95660



Legal Contractual Name of Firm: _____

Contact Name: _____

Title: _____

Email: _____

Phone: _____ Anticipated Start Date: _____

System #1: Manufacturer _____

System #1: Model Number _____

System #1: AHRI Rating _____

System #2: Manufacturer _____

System #2: Model Number _____

System #2: AHRI Rating _____

Bid Amount: _____ Notes: _____

FILLED OUT BY PROPOSER

Signature: _____ Title: _____ Date: ____/____/____

Print Name: _____ Company name: _____

Fire Station 103: 3824 Watt Avenue, Sacramento 95821



Legal Contractual Name of Firm: _____

Contact Name: _____

Title: _____

Email: _____

Phone: _____ Anticipated Start Date: _____

System: Manufacturer _____

System: Model Number _____

System: AHRI Rating _____

Bid Amount: _____ Notes: _____

FILLED OUT BY PROPOSER

Signature: _____ Title: _____ Date: ____/____/____

Print Name: _____ Company name: _____

SUB-CONTRACTOR CONTACT INFORMATION FORM

Choose One	<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Business License# _____	Contractor's License # _____		
Firm Name: _____			
Address: _____	City: _____	Zip-Code _____	
Contact Name: _____			
Title: _____			
Email: _____			
Phone: _____	Fax: _____		
Work being subcontracted: _____			
Certificate(s) of Worker's Compensation Insurance attached (Not required until Bid Award) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Choose One	<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Business License# _____	Contractor's License # _____		
Firm Name: _____			
Address: _____	City: _____	Zip-Code _____	
Contact Name: _____			
Title: _____			
Email: _____			
Phone: _____	Fax: _____		
Work being subcontracted: _____			
Certificate(s) of Worker's Compensation Insurance attached (Not required until Bid Award) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Choose One	<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Business License# _____	Contractor's License # _____		
Firm Name: _____			
Address: _____	City: _____	Zip-Code _____	
Contact Name: _____			
Title: _____			
Email: _____			
Phone: _____	Fax: _____		
Work being subcontracted: _____			
Certificate(s) of Worker's Compensation Insurance attached (Not required until Bid Award) <input type="checkbox"/> Yes <input type="checkbox"/> No			

FILLED OUT BY PROPOSER

Signature: _____ Title: _____ Date: ____/____/____
 Print Name: _____ Company name: _____