Company Information Sheet

Company Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

_____

_____

Workers Compensation Number: _____

Insurance Information: _____

_____

_____

_____

Do you currently hold a business license with the Municipality of Killarney-Turtle Mountain? _____

Signature: _____ **Date:** _____

I have read and understand the following;

- **Suppliers must hold a valid Business license with the Municipality of Killarney-Turtle Mountain prior to doing any work (please contact the office at 204-523-7247 for information)**
- **If the supplier with the lowest pricing is not available to do work within the Municipality of Killarney-Turtle Mountain's work schedule, the Municipality reserves the right to contact the next available contractor.**
- **Rankings will be provided based on pricing and anticipated equipment needs. Equipment outside of this listing will not be provided with a ranking, however all submitted pricing will be kept on file if additional equipment is required throughout the year.**
- **The Municipality reserves the right to use any supplier, in which may be considered to be in the best interest of the Municipality.**
- **Total prices should include all taxes, and incidental costs, only GST shall be extra.**

In the Event of Emergency;

- **Should the Municipality of Killarney-Turtle Mountain require contracted help in the event of an emergency, the Municipality reserves the right to use the first available contractor.**
- **Should the Municipality be faced with an emergency situation, what would your availability be?**

_____

_____

_____ _____

Print Name **Date**

_____ _____

Signature **Company Name**