

## **REQUEST FOR QUOTE Key West Historic Seaport**

201 William Street Key West, FL 33040

November 19, 2014

Key West Historic Seaport is requesting quotes for providing all materials and labor necessary to produce, deliver and unload four (4) exterior single arm LED light fixtures and poles per the attached cut sheets.

<u>ITEM</u>	<u>Units</u>	<b>Unit Price</b>	<b>TOTAL</b>
Architectural Area Lighting Single Arm Fixture Assembly UCM-LUM-BL-STR-STS-FTG-RCK- T3-60LED-BW-SLA17-PCA-C11A-1216 (Powder Coat Finish – Black) (5 year warranty, not limited to corrosive en	4 ea vironments)	\$	<b>\$</b>
Whatley, Inc. Composite Pole Assembly XR45-D21M-13-AB-BLK-40-60-RC WDN (10 year warranty)	4 ea	\$	\$
Delivery and Unloading	1 ls		\$
TOTAL QUOTE AMOUNT		\$	
Total in Words:			

Fixtures to be delivered to and unloaded at the Ferry Terminal, 100 Grinnell Street, Key West, Florida. Delivery to be coordinated with Key West Historic Seaport Maintenance Department.

Please fax or email quotes to Karen Olson by Wednesday, December 3, 2014, 4:00 P.M. at 305-293-6438 or kolson@cityofkeywest-fl.gov.

Each Vendor must inform him/herself of the conditions relating to the execution of the work, and it is required that he/she will inspect the delivery site(s) and make himself/herself thoroughly familiar with the Request for Quote. Failure to do so will not relieve the successful Vender of his/her obligation to enter into a Contract and provide, deliver and unload the product in strict

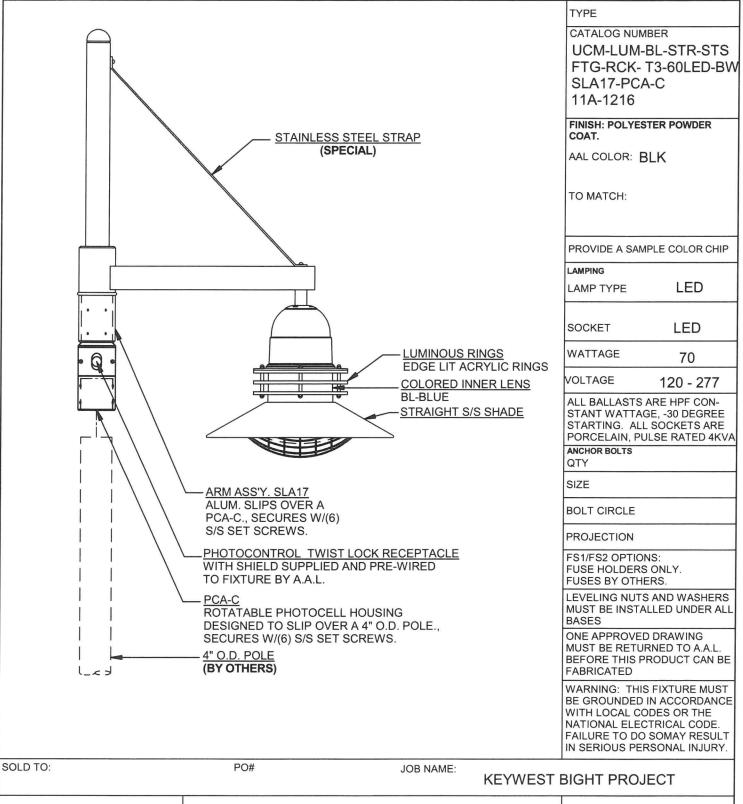
accordance with the Request for Quote. It shall be the Vendor's obligation to verify for his/herself and to his/herself's complete satisfaction all information concerning site or worksite conditions.

Selected Vendor may be required to complete and submit a City of Key West Vendor Setup Form.

For questions, please contact Karen Olson, Deputy Port and Marine Services Director at 305-809-3803 or kolson@cityofkeywest-fl.gov.

## **BIDDER'S INFORMATION**

Company Name:		
Address:		
Contact Name:		
Email:		
Telephone:		
Fax:		
Signatura:	I	Date:



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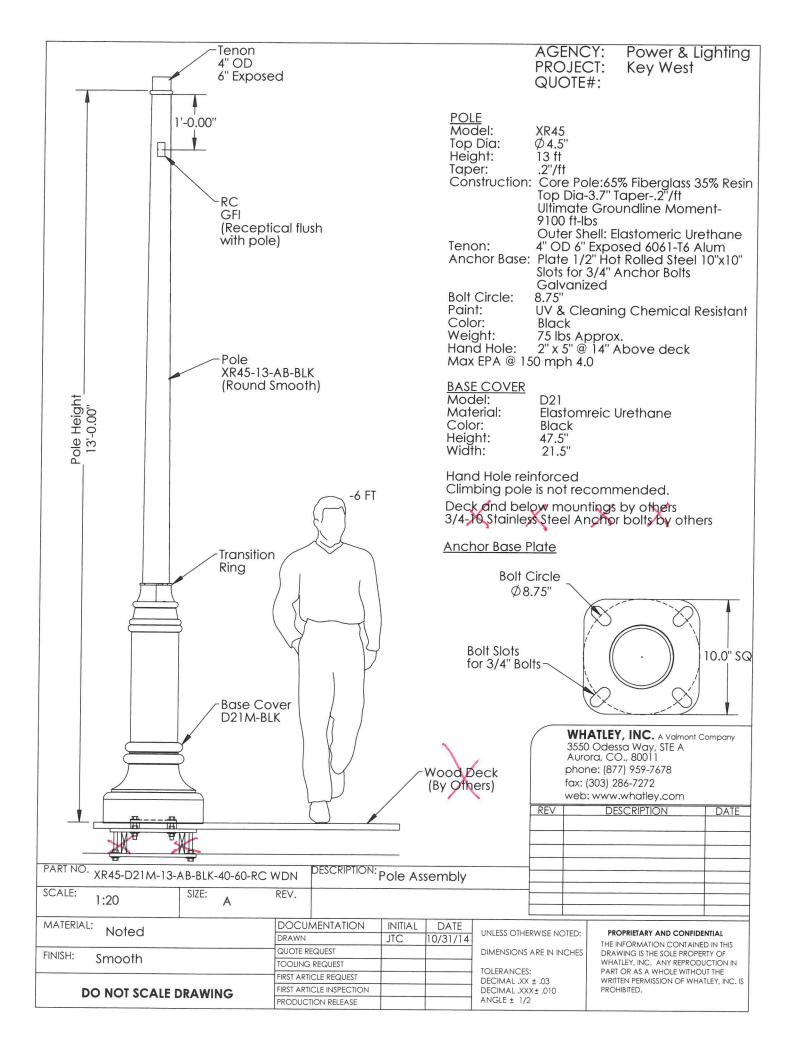
16555 East Gale Avenue City of Industry, CA 91745 (626)968-5666

Architectural Area Lighting Reserves The Right To Change Manufacturing Processes Without Notice.

## 11A-1216

DATE DRWN
3/28/2011 Antonio
DATE APPRVD

DATE REV.



## City of Key West Vendor Setup Form (substitutes for W-9)

Fax to 305.809.3857 Please attach copy of business license

Vendor Name:						
Contact Person:						
Email Address:						
Phone #:						
Fax #:						
Remit Payment to Address:						
City:						
State:			*			
Zip:						
Federal Tax ID/SSN #:						
Business Classificat Please check one:  Associat Corporat Individua Partnersh Private Limited Governm	uired feation: ion tion al/Sole p nip - Circle of Liability nent Age	oroprie one: 1 / – Circ ency –	ter Profit code one: (Circle on	ents (if different than the vendor/payee name)  or Non-profit  Corporation Partnership or Disregarded entity  e: Federal State Local or Other		
Attorney or Legal F		tollow	ing categ	ories apply to your business		
Medical Services by Individuals and/or Partnerships						
Medical Services by	Corpor	ations				
Signature				Date		
Finance use only: One time vendor: Purchase order: 1099 required: Comments:	Yes Yes Yes	or or	No No No	Vendor # assigned		