**PROPOSAL FORM**

**TOWNSHIP OF OLDMANS**

**COUNTY OF SALEM**

**STATE OF NEW JERSEY**

**REFERENCE TO:**

**2024 OLDMANS TOWNSHIP: AUBURN WATER**

**CHLORINE ANALYZER UNIT.**

The undersigned states that he has carefully examined the Specifications, advertisement, form of contract and bond, and that he has fully informed himself regarding all conditions of the bid, and that he will, to the satisfaction of the Township Committee of the Township of Oldmans, furnish all equipment and assume all responsibilities, even though not specifically mentioned, but which are necessarily required or reasonably implied to provide the equipment and accessories contemplated in accordance with the Specifications as provided by the Township of Oldmans.

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of Bidder)

Proposes to furnish all equipment and accessories called for by the above specifications at the following unit prices:

* Chlorine Analyzer Unit
* Output controlled pump with metering capabilities of being controlled by overall output flow of water
* Upgraded system will include auto-dialer and cellular alarm call out system
* Relocated chlorine injection point

Signature of Authorized Agent of Bidder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Authorized Agent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_