



PROPOSAL FORM
OPERATIONAL SERVICES – MADISON RECYCLING CENTER

I have read and understand the operational services contract specifications for the abovementioned services and hereby submit the following compensation proposal:

\$ _____ per month

Insurance:

Proof of insurance as prescribed in the insurance requirements must be included with this proposal.

References:

Provide the name, address, contact person and phone number of three current or previous clients for whom you provided similar services.

	Name	Address	Contact Person	Phone Number
1.	_____			
2.	_____			
3.	_____			

Company Name: _____

Name of Individual: _____

Title of Individual: _____

Address of Company: _____

Telephone Number: Office: _____ **Cell:** _____

South Dakota Sales Tax ID: _____

Signature: _____ **Date:** _____