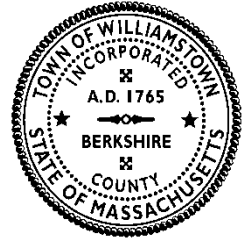




# Town of Williamstown Massachusetts

DPW Facility  
675 Simonds Road  
Williamstown, Massachusetts 01267

[www.williamstown.net](http://www.williamstown.net)



Timothy A. Kaiser  
Director of Public Works  
Phone: (413)458-9345  
Fax: (413)458-4101  
E-mail: [tkaiser@williamstown.net](mailto:tkaiser@williamstown.net)

## TOWN OF WILLIAMSTOWN Williamstown, Massachusetts

### INVITATION FOR QUOTES LOAM

The Town of Williamstown is requesting written quotes pursuant to M.G.L. 30b for the provision of up to 2,000 cubic yards of loam during the period of July 1, 2017 to June 30, 2018.

Material shall be quoted on a unit basis per cubic yard; including delivery by the bidder to the Town's storage site at 675 Simonds Road, Williamstown, MA and/or loaded by bidder into Town vehicles at the bidder's stockpile. In the case of the latter, consideration will be given to the proximity of the bidders' stockpile in relation to the center of Williamstown in accepting the quote.

By submitting a quote, the bidder acknowledges that materials will be available and delivered when required, not later than 24 hours after order is placed.

Written price quotations may be mailed, faxed or hand delivered to:

Timothy A. Kaiser, Director  
Department of Public Works  
675 Simonds Road  
Williamstown, MA 01267  
Phone (413) 458-9345  
Fax (413) 458-4101

Only quotes received by 3:00 PM on Friday, June 9, 2017 will be considered. The selected contractor shall be required to execute a standard contract for services with the Town of Williamstown.

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*Town of Williamstown – Request for Quotes – Loam  
Quote Deadline: Friday, June 9, 2017 – 3 p.m.*

**QUOTE FORM**  
**LOAM**

The undersigned hereby agrees to furnish to the Town of Williamstown up to 2,000 cubic yards of loam as specified and described in said specifications during the period of July 1, 2017 to June 30, 2018.

Loam delivered \$ \_\_\_\_\_  
Per Cubic Yard

Loam picked up \$ \_\_\_\_\_  
Per Cubic Yard

Business Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_  
\_\_\_\_\_

*Officer of Firm*

Date: \_\_\_\_\_