BIDDER'S PROOF OF RESPONSIBILITY (Projects ranging from \$5,000 to \$25,000)

RETURN ORIGINAL DOCUMENT TO:

Waukesha County
Attn: Guest Services
515 W. Moreland Blvd AC 230
WAUKESHA, WI 53188
Questions? Call 262-548-7801 / parksinfo@waukeshacounty.gov

Bidder's Proof of Responsibility pertains to construction projects only, not professional services. This form must be received by Owner not less than five (5) days prior to the time set for opening of bids or proposals, **IF** the organization provides any of the services listed on Page 3. **Original documents must be submitted to the address above.** The documents received are kept on file for the calendar year and will expire on 12/31.

NOTE: This information is required by Sections 59.52(29) and 66.0901(2) of the Wisconsin Statutes. Contents of the completed form shall be confidential as permitted or required by Section 66.0901(2).

STATEMENT OF BIDDER'S QUALIFICATIONS (all fields must be filled, enter NA if not applicable)

Official Company Name:		
Telephone No.:	E-mail	:
Fax No.:	Website:	
Federal Tax Identification No.:		
Principal Contact Name:	Position	
Address:		
		Zip Code:
Date Organized:	Where	incorporated:
How many years has the business been	under the present company n	ame?
Provide information on current contract	ets. Include gross amount of e	ach contract and the probable completion date(s).
(Attach if necessary)		
What experience does your company h		services referenced on Page 3?
		?
If "YES," give location and reason. (A	ttach statement if necessary) _	
Has your company ever defaulted on a	contract?	YES," attach statement giving particulars.

Has your company bee	en barred from doi	ing business with either the State of Wisconsin or the Federal Government, or is
any such action pendir	ng?	
If yes, attach statemen	t stating the reason	n(s) for the debarment and the date(s) your company was debarred.
What equipment does	your company ow	on or have access to for the work you will perform? (Attach, if necessary).
Attach a list of some in	mportant contracts	s completed by your company giving kind of work and approximate cost.
		y and the principal members of your personnel with a brief statement of background evidence, preferably from your bank, or credit available to you.
Financial Statement:	At close	e of business on
<u>ASSETS</u>		<u>LIABILITIES</u>
Accounts Receivable Real Estate Equity Materials in Stock Equipment Furniture, Fixtures Other Assets	\$ \$ \$ \$ \$	Accounts, Notes and Interest Payable \$ Other Liabilities \$ \$ \$ \$ \$
TOTAL ASSETS	\$	TOTAL LIABILITIES \$
		NET WORTH \$
Additional or explanat	ory information of	n the above may be submitted if desired.
Dated this da	y of	, 20
Company Name:		
Title		
Signature:		Print Name:
STATE OF		
This instrument was ac representative named a	cknowledged before above, stating the	ore me on this day of, 20, by the answers to the foregoing questions, and all statements attached, are true and correct
SignedPrint NameNotary Public, State of My Commission Expir	f Wisconsin	(NOTARY SEAL)

Please list any and all type(s) of service your organization provides:

CHECK THE APPROPRIATE BOX(ES) THAT APPLY TO THE SERVICES YOU PROVIDE.

If you do not provide any of these services listed below, please do not submit the form.

Asbestos Removal
Bank Stabilization
Building Razing
Concrete Repair, Removal, Replacement
Demolition/Waste Removal
Electrical
Erosion and Sediment Control
Fencing and Gates – Fabrication and Installation
Flooring
Grading
Irrigation
Landscape Planting Establishment and/or Site Restoration
Location of Private Utilities on County Owned Lands
Painting
Septic System Replacement
Signs, including Fabrication, Installation, Removal and Relocation
Tuckpointing
Underground Tank Removal
Well Abandonment

EXPIRES 12/31