

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

RETURN TO: WAUKESHA COUNTY

Attn: Donna Walbert
515 W. Moreland Blvd AC 260
WAUKESHA, WI 53188
Questions? Call 262-896-8333 / dwalbert@waukeshacounty.gov

Date Received

(OFFICE)

Bidder's Proof of Responsibility must be received by Owner not less than five (5) days prior to the time set for opening of bids or proposals.

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: _____

City: _____ State: _____ Zip Code: _____

Date Organized: _____ Where incorporated: _____

How many years has the business been under the present company name? _____

Provide information on current contracts. Include gross amount of each contract and the probable completion date(s).

(Attach if necessary) _____

What experience does your company have in providing the selected services referenced on Page 3?

Has your company ever failed to complete any work awarded to you? _____

If "YES," give location and reason. (Attach statement if necessary) _____

Has your company ever defaulted on a contract? _____ If "YES," attach statement giving particulars.

Has your company been barred from doing business with either the State of Wisconsin or the Federal Government, or is any such action pending? _____

What equipment does your company own or have access to for the work you will perform? (Attach, if necessary).

Attach a list of some important contracts completed by your company giving kind of work and approximate cost.

Attach a list of officers of your company and the principal members of your personnel with a brief statement of background and experience of each. Furnish written evidence, preferably from your bank, or credit available to you.

Financial Statement: At close of business on _____, 20__.

ASSETS

LIABILITIES

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 explanatory information on the above may be submitted if desired.

Dated this _____ day of _____, 20__.

Company Name: _____

Title _____

Signature: _____ Print Name: _____

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on this _____ day of _____, 20__, by the representative named above, stating the answers to the foregoing questions, and all statements attached, are true and correct.

Signed _____

Print Name _____

Notary Public, State of Wisconsin

My Commission Expires: _____

(NOTARY SEAL)

Please list type(s) of service:

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

- Asbestos Removal
- Bank Stabilization
- Building Razing
- Concrete Repair, Removal, Replacement
Demolition/Waste Removal
- 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