

DATE: _____

BID BOND REQUEST

FAX TO: (303) 225-8034

CONTRACTOR: _____

CONTACT: _____

DATE & TIME OF LETTING: _____

NAME & ADDRESS OF OBLIGEE (To Whom Bid Bond will be Payable to):

IFB/PROJECT NO.: _____

NAME AND LOCATION OF PROJECT: _____

AMOUNT OF BID BOND (%): _____ * NUMBER OF COPIES: _____

PROJECT ESTIMATE: _____

NAME & TELEPHONE NUMBER OF ARCHITECT/ENGINEER: _____

TIME FOR COMPLETION: _____ RETAINAGE %: _____

LIQUIDATED DAMAGES: _____

MAINTENANCE (WARRANTY) PERIOD: _____

PERFORMANCE/PAYMENT BOND(S) REQUIRED?: _____

Along with this request, please fax the Invitation to Bid, the Proposal/Bid Form and the Instructions to Bidders. Kindly provide the Insurance requirements on this job (Fax the appropriate pages of specifications from both the General Conditions and the Special Conditions.)

*** IF A SPECIAL BID BOND FORM IS REQUIRED - PLEASE PROVIDE A COPY**

