

U.A. LOCAL #32 WORK RECOVERY PROGRAM

BID RESULT

MAIL TO:
UA LOCAL #32
595 Monster Rd. S.W.
Renton, Wa. 98055

FAX TO:

(425) 254-0633

DATE: _____ CONTRACTOR: _____ PHONE NUMBER: _____
CONTACT NAME: _____ TITLE: _____

BID RESULT FOR

JOB NAME: _____ **WRP No #** _____

ADDRESS: _____

CITY: _____ STATE: _____

PROJECT OWNERS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WAS YOUR BID SUCCESSFUL: YES NO

IF YES:

START DATE: _____ COMPLETION DATE: _____

FILL THIS SECTION IN WHETHER YOUR BID WAS SUCCESSFUL OF NOT

Successful Contractor & Bid Amount: _____

Second Place Contractor & Bid Amount: _____

Third Place Contractor & Bid Amount: _____

COMMENTS: _____

Fill out the above requested information and return to UA Local 32 as soon as you receive your bid results.