REQUEST FOR PROPOSALS (RFP) NO. 8162018- On-call Plumbing/Sewer & Drain Services Task Order Form: On-call Plumbing/Sewer & Drain Services (RFP Attachment G-9)

| TASK ORDER (TO) No.: | | | | | | |
|---|---|--------------------------|-------|------------------|---|--|
| ORDERED BY (HA):CONTRACTOR: | | TELEPHONE: TELEPHONE: | | FAX: FAX: | | |
| WORK REQUESTED @ UNIT ADDRESS: | | | | | | |
| UNIT TYPE:Bedroom(s) AGREED UPON | | I: START DAT | E: CC | COMPLETION DATE: | | |
| CONTRACTOR'S PROPOSAL & ACKNOWLEDGMENT OF TASK ORDER | | | | | | |
| Attach on Contractor's form a full detail of all work to be completed. | | | | | | |
| (1) Description (2) Quantity of (3) Purchase co (4) Agreed upo (5) Total charg | of each item; each item; ost of each item n mark-up of ea e for each item total for all mat | ach item (@ | | lies to be charg | RATE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ TOTAL: ged, including: | \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Signature | | D | ate | Printed Name | | |
| AGENCY'S EVALUATION OF CONTRACTOR'S WORK PERFORMANCE | | | | | | |
| Rate this Contractor's work performance: SATISFACTORY NOT SATISFACTORY Justification regarding rating of Contractor's work performance—JUSTIFICATION MUST BE COMPLETED IF RATED NOT SATISFACTORY. (Attach supplemental page if necessary). | | | | | | |
| Rated By: Signature | | | Date | Printed Name | | |