

EMERGENCY REPAIRS PRE-SELECTION CONTRACT
BOSTON PUBLIC HEALTH COMMISSION
PRICING FORM

VENDOR NAME: _____

ADDRESS: _____

EMAIL _____

PH _____ FAX _____

TAX ID # _____

A. LICENSE HOLDER _____
Comm. Of Mass _____ License # _____ Date _____

B. LICENSE HOLDER _____
Comm. Of Mass _____ License # _____ Date _____

C. LICENSE HOLDER _____
Comm. Of Mass _____ License # _____ Date _____

A. FY'22 (OCTOBER 1ST, 2021 – SEPTEMBER 30TH, 2022)

1ST SHIFT (MON– SAT) 8:00 AM – 5:00 PM \$ _____ / HOUR

2ND SHIFT (MON– SAT) 5:00 PM – 1:00 AM \$ _____ / HOUR

3RD SHIFT (MON– SAT) 1:00 AM – 8:00 AM \$ _____ / HOUR

SUNDAY \$ _____ / HOUR

HOLIDAY \$ _____ / HOUR

EMERGENCY REPAIRS PRE-SELECTION CONTRACT
BOSTON PUBLIC HEALTH COMMISSION
PRICING FORM

B. FY'23 (OCTOBER 1ST, 2022 – SEPTEMBER 30TH, 2023)

1ST SHIFT (MON– SAT) 8:00 AM – 5:00 PM \$ _____ / HOUR

2ND SHIFT (MON– SAT) 5:00 PM – 1:00 AM \$ _____ / HOUR

3RD SHIFT (MON– SAT) 1:00 AM – 8:00 AM \$ _____ / HOUR

SUNDAY \$ _____ / HOUR

HOLIDAY \$ _____ / HOUR
