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| Exhibit A - Attachment 2 Contractor Information Sheet | | Solicitation NO: 18PSX0328 | |
| CONTRACTOR NAME: | | DOT ID # | |

Contractors Treated Road Salt Locations and Inventory

| Address | Tel. No. | Contact Person | Inventory (TONS) | Product Source |
|---------|----------|----------------|------------------|----------------|
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Contractors Company Trucks

| | | |
|---------------------|----------------------|---|
| Registration Number | Company Truck Number | Truck Type (Tri-Axle, Trailer Dump, etc.) |
| Registration Number | Company Truck Number | Truck Type (Tri-Axle, Trailer Dump, etc.) |
| Registration Number | Company Truck Number | Truck Type (Tri-Axle, Trailer Dump, etc.) |
| Registration Number | Company Truck Number | Truck Type (Tri-Axle, Trailer Dump, etc.) |
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Name & Address of Additional Trucking Companies Used

| | | |
|------------------------|---|---------------------------|
| Company Name / Address | Truck Type (Tri-Axle, Trailer Dump, etc.) | Contact Person / Tel. No. |
| Company Name / Address | Truck Type (Tri-Axle, Trailer Dump, etc.) | Contact Person / Tel. No. |
| Company Name / Address | Truck Type (Tri-Axle, Trailer Dump, etc.) | Contact Person / Tel. No. |
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Delivery and Operational Information:

Contractors designated person responsible for accepting and scheduling routine telephone orders during normal business hours between 8:00 a.m. to 3:30 p.m. and Contractors designated person responsible for accepting and scheduling emergency - 24 hour telephone orders during critical resupply periods from 3:30 p.m. to 8:00 a.m. including weekends & holidays.

Depot Location: _____

Routine Orders:

Name: _____ Phone No.: _____ Cell No.: _____

Emergency Orders:

Name: _____ Phone No.: _____ Cell No.: _____

Depot Location: _____

Routine Orders:

Name: _____ Phone No.: _____ Cell No.: _____

Emergency Orders:

Name: _____ Phone No.: _____ Cell No.: _____

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Depot Location: _____

Routine Orders:

Name: _____ Phone No.: _____ Cell No.: _____

Emergency Orders:

Name: _____ Phone No.: _____ Cell No.: _____

Depot Location: _____

Routine Orders:

Name: _____ Phone No.: _____ Cell No.: _____

Emergency Orders:

Name: _____ Phone No.: _____ Cell No.: _____

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Treated Road Salt Source Information

Contractor Guarantees Of Delivery During Contract Term: _____Tons

Contractor Can Deliver Quantities Ordered In: _____Days

Treated Road Salt Source Offered By Contractor:

Depot Location: _____

Product Type: _____
Mined/Solar/Other

Producer Name: _____
Producer / Manufacture Name, Address

Product Source: _____
Address including City / Town Country denoting the origin of the product

Depot Location: _____

Product Type: _____
Mined/Solar/Other

Producer Name: _____
Producer / Manufacture Name, Address

Product Source: _____
Address including City / Town Country denoting the origin of the product.

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Depot Location: _____

Product Type: _____
Mined/Solar/Other

Producer Name: _____
Producer / Manufacture Name, Address

Product Source: _____
Address including City / Town Country denoting the origin of the product

Depot Location: _____

Product Type: _____
Mined/Solar/Other

Producer Name: _____
Producer / Manufacture Name, Address

Product Source: _____
Address including City / Town Country denoting the origin of the product

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Type of Anti-Caking Agent to Be Utilized: _____

Point Where Anti-Caking Is Applied: _____

Contractors Mailing Address for Purchase Orders:

Remit Address:

Contact Person: _____ **Cell Phone:** _____ **Fax:** _____

Sales Rep: _____ **Cell Phone:** _____ **Fax:** _____

Billing Contact: _____ **Cell Phone:** _____ **Fax:** _____