



## SPECIFICATIONS FOR SKID LOADER SNOW REMOVAL FOR 2022-2023 SEASON

Quotes are to include the cost of equipment and operator. All quotes must be submitted with a Certificate of Insurance to the City Administrator, City of Arlington, 204 Shamrock Drive, Arlington, MN 55307 by **Monday, February 28<sup>th</sup> at 5:00 p.m.** All bids will be reviewed at the March 7th City Council Meeting. The City reserves the right to refuse any and all bids. Quotes must be given for all areas listed below.

City properties requiring snow removal:

1. Old Fire Hall Building, 322 West Main Street, front sidewalk only, (Windrowed to Main St.)
2. Main Street Municipal Parking Lot, sidewalk only (Windrowed to Main St.)
3. Main Street Parking Lot (next to Temple Maranatha Church), sidewalk only (Windrowed to Main St.)
4. Arlington Police Department, 108 4<sup>th</sup> Avenue NW, sidewalk only (Windrowed to 4<sup>th</sup> Avenue)
5. Arlington Public Library, 321 West Main Street, front sidewalk only (Windrowed to Main St.)
6. Main Street Parking Lot (next to Lido Theater), sidewalk only (Windrowed to 3<sup>rd</sup> Avenue)
7. Main Street RR Tracks (north side-Haupt Salon to tracks), sidewalk only (Windrowed to Main St.)
8. Main Street RR Tracks (south side-old elevator lot to tracks), sidewalk only (Windrowed to Main St.)
9. W. Adams Street RR Tracks (mid-block), sidewalk only (place snow on open grass area to north)

A skid loader will be needed to remove all snow from said properties and windrowed into nearby streets prior to the streets being bladed. Snow removal will be required upon City Staff authorization. This will normally occur when a 2-inch or more snowfall is received, in the City's discretion. **MUST BE ABLE TO IN/TIATE SNOW REMOVAL WITH ONE-HOUR NOTICE.**

Machine Manufacturer and Model

Quantity


Quote per time for the above numbered areas:

1. _____	2. _____	3. _____	4. _____
5. _____	6. _____	7. _____	8. _____
9. _____			

Bid is to apply to additional 2023-2024 season: \_\_\_\_yes; \_\_\_\_ no    2024-2025 season: \_\_\_\_ yes; \_\_\_\_no

Date of quote: \_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Contact Person (**Please Print**)

\_\_\_\_\_  
Phone Number/Cell Phone Number

\_\_\_\_\_  
Signature