NAUGATUCK, CONNECTICUT

Request for Proposal for Rental of Portable Toilets

Contract No. FY26-B127

CONTRACT DOCUMENTS

PREPARED BY THE BOROUGH OF NAUGATUCK Department of Public Works

March 13, 2025



Borough of Naugatuck

REQUEST FOR RENTAL OF PORTABLE TOILETS

The Borough of Naugatuck seeks proposals for Rental of Portable Toilets for the period of July 1, 2025 thru June 30, 2026.

Sealed proposals will be received by the Purchasing Agent for the Borough of Naugatuck, Accounting Dept., Town Hall Basement, 229 Church Street, Connecticut, 06770 until 11:00 AM, Thursday, April 3, 2025 for furnishing the commodities and/or services herein listed. Late submissions will not be accepted.

Contract FY26-B127 Request for Proposal for Rental of Portable Toilets

Immediately following the above time and date sealed bids will be publicly opened and read at the Town Hall at the Borough of Naugatuck, Commissioner's Corner, 229 Church Street, Naugatuck, CT 06770 and read aloud via Zoom due to COVID-19.

Please follow link below to access scheduled bid opening.

Join Zoom Meeting

https://us06web.zoom.us/j/6782404415

Meeting ID: 678 240 4415

Passcode: 5fY9TT

One tap mobile

+19292056099,,6782404415#,,,,*486183# US (New York) +16465189805,,6782404415#,,,,*486183# US (New York)

Dial by your location

+1 929 205 6099 US (New York) +1 646 518 9805 US (New York)

Meeting ID: 678 240 4415 Passcode: 486183

Find your local number: https://us06web.zoom.us/u/kk7tTjzff

The bid document may be examined and obtained at no cost from the Borough of Naugatuck web site http://www.naugatuck-ct.gov. All bidders must check the Borough web site within two days of the scheduled bid opening to check for addenda.

The Borough of Naugatuck reserves the right to waive any informalities or to reject any or all bids.

No Bidder may withdraw his bid within (90) days after the actual date of the opening thereof.

The Borough of Naugatuck is an affirmative action/equal opportunity employer MBE's, WBE's and SBE's are encouraged to apply.

SECTION A

INFORMATION FOR BIDDERS Borough of Naugatuck

1. Engagement of the Vendor

The Borough of Naugatuck's Parks & Recreation Department seeks proposals for the Rental of Portable Toilets for the period of July 1, 2025 thru June 30, 2026.

2. Scope of Services / Statement of Work

The Contractor shall furnish, deliver in place, firmly secure and service the portable toilets in accordance with the specifications below. The vendor should submit proposals for Rental of Portable Toilets listed in **Section C.** Please fill out the form accordingly.

It is the responsibility of the respondents to pay for all costs associated with submitting qualifications and/or proposals. The Borough of Naugatuck shall not reimburse for any such costs.

The Borough will not reimburse the contractor mileage, travel time, breakdowns, or any damage or repairs to contractor's equipment.

Upon delivery or repair all invoices must state total cost for service provided, to include any and all discount amounts, if applicable. Please see Section 15 for additional information.

No pre-submission conferences are proposed.

Please direct any and all questions to: Sandra Lucas-Ribeiro

DPW Recreation Director Naugatuck Public Works Dept.

246 Rubber Avenue, Naugatuck, CT 06770 slucas@naugatuck-ct.gov Tel: (203) 720-7044

Questions must be submitted 1 week prior to receipt date.

A. Description of Goods or Services

- 1. Toilet paper dispensers must be locked and vandal resistant. Units must not have loose rolls of paper.
- 2. Units must be fiberglass and/or plastic with an interior (bowl, seat, etc.) of stainless, plastic, fiberglass, or other non-porous material.
- 3. Units must be self-contained, odor free, and non-polluting.
- 4. Acceptable Unit colors are green, brown, gray, or blue.
- 5. The Borough of Naugatuck may require the Contractor to anchor certain Units in place. Borough of Naugatuck shall approve the anchoring method prior to the installation of all Units.
- 6. All changes to the regular cleaning schedule must be pre-approved by the respective Borough of

B. Service Requirements

- 1. Contractor shall notify the appropriate Borough of Naugatuck Designee no less than three (3) days prior to delivering and installing Units.
- 2. The Purchase Order will indicate the frequency of servicing will. Fuel surcharges, and any ancillary fees are prohibited.
- 3. Pumping, cleaning, and sanitizing Services include, but are not limited to the following tasks:
 - a) Pumping out the Unit and replenishing it with the required levels of glutaraldehyde, quaternary ammonium compounds, or other environmentally friendly deodorizing/sanitizing solutions. Fees for additional winter chemicals or antifreeze for year-round Units are prohibited.
 - b) Cleaning and sanitizing peripheral area around the Unit including the seat, the area around seat, floor, and interior walls.
 - c) Hardware repairs include but are not limited to door handles, door pulls, hinges, springs, latches, vent screens, wind chains and locks.
 - d) Removal of graffiti inside and outside of the Units. If graffiti cannot be removed, Contractor shall replace the Unit with a graffiti-free Unit at no cost to the Borough of Naugatuck.
 - e) Replenishment of toilet paper in locked dispensers.
 - f) Replenishment of hand sanitizer, as needed.
 - g) Removal of all garbage and discarded items from the full interior of the Unit including the toilet tank and place in plastic bags to be provided by the Contractor. Contractor shall work with the using Borough of Naugatuck Designee to determine the method to dispose of trash at Borough of Naugatuck's location.
- 4. Additional Pumping & Cleaning Services (Section C, Item 5E) Additional Pumping & Cleaning Services are any cleaning service that are performed in addition to those already scheduled. Requests to provide additional cleaning services must be authorized in writing by the Borough of Naugatuck Contact Designee prior to Performance of such Services being. The Borough of Naugatuck shall not pay for Additional Pumping & Cleaning Services Performed without Borough of Naugatuck's prior written authorization. If Borough of Naugatuck requests Contractor to Perform same-day emergency pumping and cleaning of a Unit, Contractor shall pump or clean or both the Unit on the same day and within four (4) hours of receiving the Borough of Naugatuck's request.
- 5. Contractor shall place cleaning verification stickers inside each Unit when cleaning is complete. The cleaning verification stickers must be kept current as servicing occurs. Any cleanings not recorded on the verification sticker will be assumed to have not occurred and will be deducted from appropriate invoices. In addition, to the stickers the Borough of Naugatuck may request the Contractor to submit a weekly electronic file log, to include date of service, time, and location.
- 6. The Contractor shall abide by all federal, State, municipal and local laws, regulations, ordinances, and any contract held by municipalities where the Units are located regarding the pickup, transportation, removal, and disposal of sewage.
- 7. Emergency/Same Day Placements If the Borough of Naugatuck requires emergency delivery Service in the form of same-day Unit placement, the Contractor shall be paid the emergency delivery fee specified in Section C, Price Schedule. Contractor shall be paid the delivery emergency fee ONLY when (i) the Borough of Naugatuck request's same-day emergency placement of a Unit; and (ii) Contractor delivers the Unit on that same day and within four (4) hours of receiving Borough of Naugatuck's request. Borough of Naugatuck may request a same-day emergency placement request for all special events, short-term and long-term placements.
- 8. Special Event Requirement Contractor shall provide Units and related cleaning, sanitizing and

pumping as required by the Borough of Naugatuck for special events that take place in any of the State's parks during the Term. All special events directives shall be specified on an individual Purchase Order. Contractor shall be paid only the rates that are specified in Items 5A and 5B of Section C, Price Schedule for all special events. Cleaning, pumping and sanitizing of Units placed at special events will be paid at the rate specified in Item 5E of Section C.

C. Cancellations or Additions

- 1. The Borough of Naugatuck reserves the right to cancel any Purchase Order, or any parts thereof, or make additions to the Purchase Order upon a five (5) day written notice to the Contractor. The charge for any additions shall be in accordance with Section C, Price Schedule.
- 2. Borough of Naugatuck may add additional Units and services at the Borough of Naugatuck's request.

D. Delivery

- 1. Contactor shall deliver all Units to Borough of Naugatuck locations during the hours of 8:00 am 4:00 pm eastern time unless otherwise specified. Delivery locations (see subsection F) will be designated on individual Purchase Orders.
- 2. All pricing shall include transportation and delivery charges fully prepaid by the Contractor to the destination specified on the Purchase Order. Additional fuel surcharges or other ancillary charges are prohibited.

E. Removal

Contractor shall remove Units within five (5) calendar days following the end of the specified rental period and or the expiration of the Contract.

F. Locations for Portable Toilets

Portable Toilet Site Location and Count by Type

Annual (12 months)				
Location	Regular	Handicap		
Andrew Mtn Dog Park	1	0		
Baummer's Pond	1	0		
St Francis Field	1	0		
Linden Field 25 Riverside Drive	1	0		
Recycling Center	1	0		

April - November (8 months)				
Location	Regular	Handicap		
NHS Baseball - 543 Rubber Ave	1	0		
Breen North – 100 Hotchkiss St	1	0		
City Hill Field – 441 City Hill St	1	0		
Cotton Hollow Field	1	0		
DelGobbo Field	1	0		
Fairchild Park	1	0		
Fawn Meadow Field	1	0		
Legion Field -10 Conrad St	1	0		
Linden Field 25 Riverside Drive	1	0		
Maple Hill Field 641 Maple Hill Rd	1	0		
Rotary South - 100 Hotchkiss St	1	0		
Rotary South South -100 Hotchkiss St	1	0		
Hop Brook Field	1	0		
Hop Brook Golf Course - 8th Tee	1	0		
Hop Brook Golf Course - Garage	1	0		

June-August (3 months)				
Location	Regular	Handicap		
St Francis Field Camps	1	0		
Salem School Farm Market	1	1		
St Francis Field/Tuttle Concerts	1	1		
NHS Upper Lot Football Season	1	1		

Festival/Events (4 occurrences)				
Borough Festivals Regular Handic				
Spring Festival	4	1		
Fourth of July (summer)	4	1		
Mission 22 (fall)	4	1		
Light the Night (winter)	4	1		

3. Terms and Conditions

This document, its terms and conditions and any claims arising there from, shall be governed by Connecticut law. The Vendor shall comply with all applicable law, ordinances, and codes of the State of Connecticut and the Borough of Naugatuck and shall commit no trespass on any private property in performing services under this document.

The parties agree that they waive a trial by jury as to any and all claims, cause of action or disputes arising out of this document or services to be provided pursuant to this document.

Notwithstanding any such claim, dispute, or legal action, the Vendor shall continue to perform services under this document in a timely manner, unless otherwise directed by the Borough of Naugatuck.

4. Subcontracting and Assignability

None of the services covered by this document shall be subcontracted without the prior written approval of the Borough of Naugatuck for the acts and omissions of its Vendors, and of persons either directly or indirectly employed by Vendor, as it is for the acts and omissions of persons directly employed by Vendor. The Borough of Naugatuck may, before making payment on the document require either an affidavit from the Vendor that all sub Vendors and material men have been paid or may require waiver of mechanics' liens from any and all sub Vendors and material men. Any sub Vendor will be subject to the same insurance requirements as the Vendor's requirements promulgated in this document.

The Vendor shall not assign any interest in this document, and shall not transfer any interest in the same (whether by assignment or notation) without the prior written approval of the Borough of Naugatuck; provided, however, that claims for money due or to become due the Vendor from the Borough of Naugatuck under this document may be assigned to a bank, trust company, or other financial institution, or to a Trustee in Bankruptcy, without such approval. Notice of any such assignment or transfer shall be furnished promptly to the Borough of Naugatuck.

5. Termination of Contract

If, through any cause, the Vendor shall fail to fulfill, in a timely and proper manner, his obligations under this document, or if the Vendor shall violate any of the covenants, agreements, or stipulations of this document by giving written notice to the Vendor of termination and specifying the effective date thereof, at least five (5) days before the effective date of such termination. In the event of such termination all records prepared by the Vendor under this document shall, at the option of the Borough of Naugatuck, become its property.

6. Preparation of Proposals

The Proposal must be made upon the forms contained herein. The blank spaces in the Proposals must be filled in correctly where indicated. The Bidder must state, both in words and in numerals, written or printed in ink, the prices for which he proposes to do each Item of the work contemplated. In case of discrepancy between the words and the numerals, the words shall govern. Ditto marks are not considered writing, or printing, and shall not be used. The Bidder shall sign his Proposal correctly. If an individual makes the Proposal, his name and post office address must be shown. If made by a firm, partnership, or corporation, the Proposal must be signed by an official of the firm, partnership, or corporation authorized to sign contracts, and must show the post office address of the firm, partnership, or corporation.

Each proposal must be submitted in a sealed envelope bearing on the outside the name of the Bidder, this address, and name of the project for which the bid is submitted. If forwarded by mail, the sealed envelope containing the bid must be enclosed in another envelope addressed to: Accounting Dept., Borough of Naugatuck, City Hall, 229 Church Street, Naugatuck, CT 06770.

7. Irregular Proposals

The Borough of Naugatuck reserves the right to reject any proposals if they show any omission, alteration of form, additions not called for, conditional bids, or irregularities of any kind.

8. Withdrawal of Proposals

If a Bidder wishes to withdraw his Proposal, he may do so before the time fixed for the opening of bids by communicating his purpose to the office of the Purchasing Agent. Upon such notice, the Proposal will be handed to him unopened.

9. Sales Tax

Certain materials and supplies incorporated in the work of this project are exempt from Connecticut Sales

Tax. The Bidder shall familiarize himself with current regulations of the State Tax Department. The tax on materials or supplies exempted by such regulations shall not be included as part of the bid. The Borough will furnish the successful Bidder a sales tax exemption number.

10. Compliance with Federal and State Regulations

The Vendor shall be responsible for full compliance with any Federal and/or State laws, regulations and standards, as applicable to any project fully or partially funded by State and/or Federal funding agency. This project is funded, in part, by the State and Federal government.

11. Permits

All licenses and permits for complying with any applicable Federal, State, and Municipal laws, codes and regulations in connection with the prosecution of the work shall be obtained by the Vendor, at no additional cost to the Borough.

12. Right to Reject

The Borough reserves the right to reject any or all proposals or to accept any bid, should it deem it to be in the best interest of the Borough.

13. Equal opportunity clause.

- (a) Government contracts. Except as otherwise provided, each contracting agency shall include the following equal opportunity clause contained in section 202 of the order in each of its Government contracts (and modifications thereof if not included in the original contract): During the performance of this contract, the contractor agrees as follows: (1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: Employment, upgrading, demotion, or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.
- (2) The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.
- (3) The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided by the agency contracting officer, advising the labor union or workers' representative of the contractor's commitments under section 202 of Executive Order 11246 of September 24, 1965, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- (4) The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.
- (5) The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the contracting agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- (6) In the event of the contractor's non-compliance with the nondiscrimination clauses of this contract or with any of such rules, regulations, or orders, this contract may be canceled, terminated or suspended in

whole or in part and the contractor may be declared ineligible for further Government contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

(7) the contractor will include the provisions of paragraphs (1) through (7) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as may be directed by the Secretary of Labor as a means of enforcing such provisions including sanctions for noncompliance: Provided, however, that in the event the contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction, the contractor may request the United States to enter into such litigation to protect the interests of the United States.

14. Insurance

Before execution of the Contract, the Bidder will be required to file with the Borough of Naugatuck a certificate of insurance. The certificate, executed by an insurance company satisfactory to the Borough of Naugatuck shall name the Borough of Naugatuck and the State as additional insured parties on the form furnished with these specifications. The "Certificate of Insurance" shall state that at a minimum, with respect to the contract, the bidder carries insurance in accordance with the requirements and stipulations listed in the insurance agreement included at the end of this document.

Insurance Agreement, must be filled out and include a copy of the business' current/active certificate of insurance.

15. Purchasing and Invoicing

All goods and services pertaining to the Statement of Work (SOW) in this bid document shall commence with the vendors receipt of a Purchase Order from the Borough of Naugatuck.

Invoices must include the purchase order number and the charges listed in accordance with the purchase order. Invoices are to be delivered via email to accountspayable@naugatuck-ct.gov or as follows:

Borough of Naugatuck, Accounts Payable, 229 Church Street, Naugatuck, CT 06770

16. Forms Requirements

All forms in this document must be filled, signed and returned with the bid. Missing or not signed forms may disqualify bid submission package. In addition, the following forms should also be included:

- Completed IRS Form-W9
- Certificate of Insurance listing Borough of Naugatuck as Certificate Holder, if applicable
- Completed Insurance Agreement (attached in references section)
- Company History, years in business.
- Other services the company provides that may impact the services provided to the town.
- Certificate of Non-Collusion Form.
- Signed Insurance agreement.
- Vendor Registration form.

17. Technical Requirements

If applicable, disclose in detail the following on a separate sheet of paper and attached to bid document. Title the attachment: Technical Requirements with bid document as a reference. Areas of disclosure include but not limited to the following:

• Power source, redundant needed and/or UPS

- Access to internal LAN. If yes, can DHCP be used or is a Static IP address needed (internal or external).
- Access to the public internet
- Hardware (not included in bid; computers, servers, switches....)
- Software (not included in bid; ancillary software required)
- Back-up/Fail over for Business Continuity
- Interoperability
- Security (type)
 - Infrastructure
 - o Applications and public/private internet

SECTION B

PROPOSAL Borough of Naugatuck

Contract FY26-B127 Request for Proposal for Rental of Portable Toilets

The undersigned, as Bidder, declares that no person or persons, other than those named herein, are interested in this Proposal; that this Proposal is made without collusion with any person, firm or corporation; that he has carefully examined the bid documents; that no person or persons acting in any official capacity for the Borough is directly or indirectly interested therein or in any portion of the profit thereof; and that he proposes and agrees, if this Proposal is accepted, to execute the Form of Contract with the Borough; to provide all necessary equipment, tools, and to do all work and furnish all materials specified in the Contract, in the manner and time therein prescribed, and according to the requirements of the Borough of Naugatuck as therein set forth, and that he will take in full payment therefore, the following prices, to wit:

The Bidder acknowledges receipt of the following addenda:			
Addendum No	Dated:		
Addendum No	Dated:		

The Bidder agrees that this bid shall be good and may not be withdrawn for a period of ninety (90) days after the scheduled closing time for receiving bids.

Successful bidders shall defend, indemnify and hold and save harmless the Borough of Naugatuck against and from any and all liabilities, claims, damages, losses, fees, costs, expenses, etc. which arise directly or indirectly from successful bidders operations and/or related activities.

The Borough of Naugatuck reserves the right to reject any and all: bids in whole or in part, including low bid, to make partial awards, to waive any irregularities in any quotation, to increase or decrease quantities if quantities are listed in the bid, and may reject any bid that shows any omissions not called for, conditions, or alternate proposals, and may make any such award as is considered to be in the best interest of the Borough of Naugatuck.

SECTION C

Contract FY26-B127 Request for Proposal for Rental of Portable Toilets

1. STANDARD & ADA UNITS -MONTHLY RENTAL PER UNIT BASE RENTAL PRICE TO INCLUDE (1) ONE PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit b. ADA Handicap Accessible Unit c. Standard toilet with built in pump sink. d. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) e. 2 Station Free Standing Sink w/Service -1x Per Week Monthly 2. STANDARD & ADA UNITS -MONTHLY RENTAL BASE RENTAL PRICE TO INCLUDE (2) TWO PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit b. ADA Handicap Accessible Unit c. 2 Station Free Standing Sink w/Service-2x Per Week Monthly 3. STANDARD & ADA UNITS -MONTHLY RENTAL BASE RENTAL PRICE TO INCLUDE (3) THREE PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly b. ADA Handicap Accessible Unit c. 2 Station Free Standing Sink w/Service-3x Per Week Monthly c. 2 Station Free Standing Sink w/Service-3x Per Week Monthly c. 2 Station Free Standing Sink w/Service-3x Per Week Monthly c. 2 Station Free Standing Sink w/Service-3x Per Week Monthly 4. SHORT TEAM PLACEMENT SERVICE (WEEKLY RENTAL; INCLUDES 1 CLEANING) a. Standard Portable Toilet Unit Weekly b. ADA Handicap Accessible Unit C. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) d. Standard Portable Toilet Unit D. ADA Handicap Accessible Unit Weekly c. 2 Station Free Standing Sink w/ Service -1x Per Week Weekly d. Standard Portable Toilet Weekly 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate*-Standard Unit Per Day c. Emergency Delivery Fee (Weekdays) Per Unit d. Emergency Delivery Fee (Weekdays) Per Unit d. Emergency Delivery Fee (Nights and Weekends) Per Unit g. Additional Hand Sanitizers	Contractor:	Amounts to whole dollar	
b. ADA Handicap Accessible Unit c. Standard toilet with built in pump sink. d. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) e. 2 Station Free Standing Sink w/Service -1x Per Week Monthly 2. STANDARD & ADA UNITS -MONTHLY RENTAL BASE RENTAL PRICE TO INCLUDE (2) TWO PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly b. ADA Handicap Accessible Unit Monthly c. 2 Station Free Standing Sink w/Service -2x Per Week Monthly 3. STANDARD & ADA UNITS -MONTHLY RENTAL BASE RENTAL PRICE TO INCLUDE (3) THREE PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly b. ADA Handicap Accessible Unit Monthly c. 2 Station Free Standing Sink w/Service -3x Per Week Monthly d. ADA Handicap Accessible Unit Weekly a. Standard Portable Toilet Unit Weekly A. SHORT TEAM PLACEMENT SERVICE (WEEKLY RENTAL; INCLUDES 1 CLEANING) a. Standard Portable Toilet Unit Weekly b. ADA Handicap Accessible Unit Weekly c. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) d. Standard toilet with built in pump sink. Weekly d. Standard toilet with built in pump sink. Weekly c. 2 Station Free Standing Sink w/ Service -1x Per Week (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet D. ADA Handicap Accessible Units Weekly b. ADA Handicap Accessible Units Weekly c. 2 Station Free Standing Sink w/ Service -2x Per Week Weekly 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day C. Emergency Delivery Fee (Weekdays) Per Unit C. Emergency Delivery Fee (Nights and Weekends) Per Unit C. Additional Cleaning Services for Standing Sink Per Unit C. Additional Cleaning Services for Standing Sink Per Unit		NING SERVIO	CES PER WEEK.
c. Standard toilet with built in pump sink. d. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) e. 2 Station Free Standing Sink w/Service -1x Per Week ASS RENTAL PRICE TO INCLUDE (2) TWO PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly b. ADA Handicap Accessible Unit C. 2 Station Free Standing Sink w/Service -2x Per Week Monthly 3. STANDARD & ADA UNITS -MONTHLY RENTAL BASE RENTAL PRICE TO INCLUDE (3) THREE PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly 3. STANDARD & ADA UNITS -MONTHLY RENTAL BASE RENTAL PRICE TO INCLUDE (3) THREE PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly b. ADA Handicap Accessible Unit Monthly c. 2 Station Free Standing Sink w/Service -3x Per Week Monthly 4. SHORT TEAM PLACEMENT SERVICE (WEEKLY RENTAL; INCLUDES 1 CLEANING) a. Standard Portable Toilet Unit Weekly b. ADA Handicap Accessible Unit Weekly c. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be weekly used inside and vented to the outside) d. Standard toilet with built in pump sink. Weekly c. 2 Station Free Standing Sink w/ Service -1x Per Week Weekly d. Standard Portable Toilet D. ADA Handicap Accessible Units D. Standard Portable Toilet D. ADA Handicap Accessible Units D. Standard Portable Toilet D. ADA Handicap Accessible Units D. Standard Portable Toilet D. ADA Handicap Accessible Units D. Standard Portable Toilet D. ADA Handicap Accessible Units D. Special Event Per Diem Rate*-Standard Unit D. Special Event Per Die	a. Standard Portable Toilet Unit	Monthly	
d. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) e. 2 Station Free Standing Sink w/Service-1x Per Week Monthly 2. STANDARD & ADA UNITS -MONTHLY RENTAL BASE RENTAL PRICE TO INCLUDE (2) TWO PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly b. ADA Handicap Accessible Unit Monthly 3. STANDARD & ADA UNITS -MONTHLY RENTAL BASE RENTAL PRICE TO INCLUDE (3) THREE PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly 3. STANDARD & ADA UNITS -MONTHLY RENTAL BASE RENTAL PRICE TO INCLUDE (3) THREE PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly b. ADA Handicap Accessible Unit Monthly c. 2 Station Free Standing Sink w/Service -3x Per Week Monthly 4. SHORT TEAM PLACEMENT SERVICE (WEEKLY RENTAL; INCLUDES 1 CLEANING) a. Standard Portable Toilet Unit Weekly b. ADA Handicap Accessible Unit Weekly c. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) d. Standard toilet with built in pump sink. Weekly weed inside and vented to the outside) d. Standard Portable Toilet D. ADA Handicap Accessible Units New EKEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet D. ADA Handicap Accessible Units D. Special Event Per Diem Rate*-Standard Unit Per Day D. Special Event Per Diem Rate*-Standard Unit Per Day D. Special Event Per Diem Rate*-Standard Unit Per Day D. Special Event Per Diem Rate*-ADA Unit Per Day D. Special Event Per Diem Rate*-ADA Unit Per Unit D. Additional Cleaning Services for Standing Sink Per Unit D. Additional Cleaning Services for Standing Sink Per Unit	b. ADA Handicap Accessible Unit	Monthly	
be used inside and vented to the outside) e. 2 Station Free Standing Sink w/Service -1x Per Week Monthly 2. STANDARD & ADA UNITS -MONTHLY RENTAL BASE RENTAL PRICE TO INCLUDE (2) TWO PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly b. ADA Handicap Accessible Unit c. 2 Station Free Standing Sink w/Service -2x Per Week Monthly 3. STANDARD & ADA UNITS -MONTHLY RENTAL BASE RENTAL PRICE TO INCLUDE (3) THREE PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly b. ADA Handicap Accessible Unit c. 2 Station Free Standing Sink w/Service -3x Per Week Monthly 4. SHORT TEAM PLACEMENT SERVICE (WEEKLY RENTAL; INCLUDES 1 CLEANING) a. Standard Portable Toilet Unit Weekly b. ADA Handicap Accessible Unit C. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) d. Standard toilet with built in pump sink. Weekly e. 2 Station Free Standing Sink w/ Service -1x Per Week (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet b. ADA Handicap Accessible Units c. 2 Station Free Standing Sink w/ Service -1x Per Week Weekly 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate*-Standard Unit Per Day c. Emergency Delivery Fee (Weekdays) Per Unit d. Emergency Delivery Fee (Nights and Weekends) Per Unit e. Additional Cleaning Services for Standing Sink Per Unit	c. Standard toilet with built in pump sink.	Monthly	
2. STANDARD & ADA UNITS -MONTHLY RENTAL BASE RENTAL PRICE TO INCLUDE (2) TWO PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly b. ADA Handicap Accessible Unit Monthly c. 2 Station Free Standing Sink w/Service -2x Per Week Monthly 3. STANDARD & ADA UNITS -MONTHLY RENTAL BASE RENTAL PRICE TO INCLUDE (3) THREE PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly b. ADA Handicap Accessible Unit Monthly c. 2 Station Free Standing Sink w/Service -3x Per Week Monthly 4. SHORT TEAM PLACEMENT SERVICE (WEEKLY RENTAL; INCLUDES 1 CLEANING) a. Standard Portable Toilet Unit Weekly b. ADA Handicap Accessible Unit Weekly c. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) d. Standard toilet with built in pump sink. Weekly e. 2 Station Free Standing Sink w/ Service -1x Per Week Weekly (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet b. ADA Handicap Accessible Units c. 2 Station Free Standing Sink w/Service -2x Per Week S. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate *-Standard Unit Per Day b. Special Event Per Diem Rate *-ADA Unit Per Day c. Emergency Delivery Fee (Weekdays) Per Unit d. Emergency Delivery Fee (Nights and Weekends) Per Unit e. Additional Cleaning Services for Standing Sink Per Unit	,	Monthly	
BASE RENTAL PRICE TO INCLUDE (2) TWO PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly b. ADA Handicap Accessible Unit Monthly c. 2 Station Free Standing Sink w/Service -2x Per Week Monthly 3. STANDARD & ADA UNITS -MONTHLY RENTAL BASE RENTAL PRICE TO INCLUDE (3) THREE PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly b. ADA Handicap Accessible Unit Monthly c. 2 Station Free Standing Sink w/Service -3x Per Week Monthly 4. SHORT TEAM PLACEMENT SERVICE (WEEKLY RENTAL; INCLUDES 1 CLEANING) a. Standard Portable Toilet Unit Weekly b. ADA Handicap Accessible Unit Weekly c. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) d. Standard toilet with built in pump sink. Weekly e. 2 Station Free Standing Sink w/ Service -1x Per Week Weekly (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet b. ADA Handicap Accessible Units c. 2 Station Free Standing Sink w/Service -2x Per Week Weekly 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate *-Standard Unit Per Day b. Special Event Per Diem Rate *-ADA Unit Per Day c. Emergency Delivery Fee (Weekdays) Per Unit d. Emergency Delivery Fee (Weekdays) Per Unit e. Additional Cleaning Services for Standing Sink Per Unit	e. 2 Station Free Standing Sink w/Service -1x Per Week	Monthly	
b. ADA Handicap Accessible Unit c. 2 Station Free Standing Sink w/Service -2x Per Week Monthly 3. STANDARD & ADA UNITS - MONTHLY RENTAL BASE RENTAL PRICE TO INCLUDE (3) THREE PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly b. ADA Handicap Accessible Unit Monthly c. 2 Station Free Standing Sink w/Service -3x Per Week Monthly 4. SHORT TEAM PLACEMENT SERVICE (WEEKLY RENTAL; INCLUDES 1 CLEANING) a. Standard Portable Toilet Unit Weekly b. ADA Handicap Accessible Unit Weekly c. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) d. Standard toilet with built in pump sink. Weekly e. 2 Station Free Standing Sink w/ Service -1x Per Week Weekly (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet Weekly b. ADA Handicap Accessible Units Weekly c. 2 Station Free Standing Sink w/Service -2x Per Week Weekly 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate*-Standard Unit Per Day c. Emergency Delivery Fee (Weekdays) d. Emergency Delivery Fee (Weekdays) Per Unit e. Additional Pumping & Cleaning Services Per Unit f. Additional Cleaning Services for Standing Sink Per Unit		ANING SERVI	ICES PER WEEK.
c. 2 Station Free Standing Sink w/Service -2x Per Week 3. STANDARD & ADA UNITS -MONTHLY RENTAL BASE RENTAL PRICE TO INCLUDE (3) THREE PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit b. ADA Handicap Accessible Unit c. 2 Station Free Standing Sink w/Service -3x Per Week 4. SHORT TEAM PLACEMENT SERVICE (WEEKLY RENTAL; INCLUDES 1 CLEANING) a. Standard Portable Toilet Unit b. ADA Handicap Accessible Unit c. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) d. Standard toilet with built in pump sink. e. 2 Station Free Standing Sink w/ Service -1x Per Week (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet b. ADA Handicap Accessible Units c. 2 Station Free Standing Sink w/Service -2x Per Week Weekly 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate*-Standard Unit Per Day c. Emergency Delivery Fee (Weekdays) d. Emergency Delivery Fee (Nights and Weekends) Per Unit e. Additional Pumping & Cleaning Services Per Unit f. Additional Cleaning Services for Standing Sink Per Unit	a. Standard Portable Toilet Unit	Monthly	
3. STANDARD & ADA UNITS -MONTHLY RENTAL BASE RENTAL PRICE TO INCLUDE (3) THREE PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly b. ADA Handicap Accessible Unit Monthly c. 2 Station Free Standing Sink w/Service -3x Per Week Monthly 4. SHORT TEAM PLACEMENT SERVICE (WEEKLY RENTAL; INCLUDES 1 CLEANING) a. Standard Portable Toilet Unit Weekly b. ADA Handicap Accessible Unit Weekly c. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) d. Standard toilet with built in pump sink. Weekly e. 2 Station Free Standing Sink w/ Service -1x Per Week Weekly (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet Weekly b. ADA Handicap Accessible Units Weekly c. 2 Station Free Standing Sink w/Service -2x Per Week Weekly 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate *-ADA Unit Per Day c. Emergency Delivery Fee (Weekdays) d. Emergency Delivery Fee (Nights and Weekends) Per Unit e. Additional Cleaning Services for Standing Sink Per Unit	b. ADA Handicap Accessible Unit	Monthly	
BASE RENTAL PRICE TO INCLUDE (3) THREE PUMPING AND CLEANING SERVICES PER WEEK. a. Standard Portable Toilet Unit Monthly b. ADA Handicap Accessible Unit Monthly c. 2 Station Free Standing Sink w/Service -3x Per Week Monthly 4. SHORT TEAM PLACEMENT SERVICE (WEEKLY RENTAL; INCLUDES 1 CLEANING) a. Standard Portable Toilet Unit Weekly b. ADA Handicap Accessible Unit Weekly c. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) d. Standard toilet with built in pump sink. Weekly e. 2 Station Free Standing Sink w/ Service -1x Per Week Weekly (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet Weekly b. ADA Handicap Accessible Units Weekly c. 2 Station Free Standing Sink w/Service -2x Per Week Weekly 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate *-ADA Unit Per Day c. Emergency Delivery Fee (Weekdays) Per Unit d. Emergency Delivery Fee (Nights and Weekends) Per Unit e. Additional Cleaning Services for Standing Sink Per Unit f. Additional Cleaning Services for Standing Sink Per Unit	c. 2 Station Free Standing Sink w/Service -2x Per Week	Monthly	
a. Standard Portable Toilet Unit b. ADA Handicap Accessible Unit c. 2 Station Free Standing Sink w/Service -3x Per Week Monthly 4. SHORT TEAM PLACEMENT SERVICE (WEEKLY RENTAL; INCLUDES 1 CLEANING) a. Standard Portable Toilet Unit Weekly b. ADA Handicap Accessible Unit C. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) d. Standard toilet with built in pump sink. Weekly e. 2 Station Free Standing Sink w/ Service -1x Per Week (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet Weekly b. ADA Handicap Accessible Units c. 2 Station Free Standing Sink w/Service -2x Per Week Weekly 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate *-ADA Unit Per Day c. Emergency Delivery Fee (Weekdays) Per Unit d. Emergency Delivery Fee (Nights and Weekends) Per Unit e. Additional Cleaning Services for Standing Sink Per Unit		EANING SER	VICES PER WEEK.
c. 2 Station Free Standing Sink w/Service -3x Per Week 4. SHORT TEAM PLACEMENT SERVICE (WEEKLY RENTAL; INCLUDES 1 CLEANING) a. Standard Portable Toilet Unit b. ADA Handicap Accessible Unit c. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) d. Standard toilet with built in pump sink. e. 2 Station Free Standing Sink w/ Service -1x Per Week (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet b. ADA Handicap Accessible Units c. 2 Station Free Standing Sink w/Service -2x Per Week 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate *-ADA Unit Per Day c. Emergency Delivery Fee (Weekdays) d. Emergency Delivery Fee (Nights and Weekends) Per Unit e. Additional Cleaning Services for Standing Sink Per Unit			
4. SHORT TEAM PLACEMENT SERVICE (WEEKLY RENTAL; INCLUDES 1 CLEANING) a. Standard Portable Toilet Unit b. ADA Handicap Accessible Unit c. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) d. Standard toilet with built in pump sink. e. 2 Station Free Standing Sink w/ Service -1x Per Week (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet b. ADA Handicap Accessible Units c. 2 Station Free Standing Sink w/Service -2x Per Week Weekly 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate *-ADA Unit Per Day c. Emergency Delivery Fee (Weekdays) d. Emergency Delivery Fee (Nights and Weekends) Per Unit e. Additional Cleaning Services for Standing Sink Per Unit	b. ADA Handicap Accessible Unit	Monthly	
a. Standard Portable Toilet Unit b. ADA Handicap Accessible Unit c. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) d. Standard toilet with built in pump sink. e. 2 Station Free Standing Sink w/ Service -1x Per Week (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet b. ADA Handicap Accessible Units c. 2 Station Free Standing Sink w/Service -2x Per Week Weekly 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate *-ADA Unit C. Emergency Delivery Fee (Weekdays) Per Unit d. Emergency Delivery Fee (Nights and Weekends) Per Unit f. Additional Cleaning Services for Standing Sink Per Unit	c. 2 Station Free Standing Sink w/Service -3x Per Week	Monthly	
a. Standard Portable Toilet Unit b. ADA Handicap Accessible Unit c. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) d. Standard toilet with built in pump sink. e. 2 Station Free Standing Sink w/ Service -1x Per Week (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet b. ADA Handicap Accessible Units c. 2 Station Free Standing Sink w/Service -2x Per Week Weekly 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate *-ADA Unit Per Day c. Emergency Delivery Fee (Weekdays) Per Unit d. Emergency Delivery Fee (Nights and Weekends) Per Unit f. Additional Cleaning Services for Standing Sink Per Unit			
b. ADA Handicap Accessible Unit c. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) d. Standard toilet with built in pump sink. e. 2 Station Free Standing Sink w/ Service -1x Per Week (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet b. ADA Handicap Accessible Units c. 2 Station Free Standing Sink w/Service -2x Per Week 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate *-ADA Unit Per Day c. Emergency Delivery Fee (Weekdays) d. Emergency Delivery Fee (Nights and Weekends) Per Unit e. Additional Pumping & Cleaning Services f. Additional Cleaning Services for Standing Sink Per Unit		Modely	
c. Hi Rise Roll-Away 18"x36 with a 20 Gallon Tank (Unit is to be used inside and vented to the outside) d. Standard toilet with built in pump sink. Weekly e. 2 Station Free Standing Sink w/ Service -1x Per Week Weekly (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet Weekly b. ADA Handicap Accessible Units weekly c. 2 Station Free Standing Sink w/Service -2x Per Week Weekly 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate *-ADA Unit Per Day c. Emergency Delivery Fee (Weekdays) Per Unit d. Emergency Delivery Fee (Nights and Weekends) Per Unit e. Additional Pumping & Cleaning Services Per Unit f. Additional Cleaning Services for Standing Sink Per Unit			
used inside and vented to the outside) d. Standard toilet with built in pump sink. e. 2 Station Free Standing Sink w/ Service -1x Per Week (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet b. ADA Handicap Accessible Units c. 2 Station Free Standing Sink w/Service -2x Per Week 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate *-ADA Unit Per Day c. Emergency Delivery Fee (Weekdays) d. Emergency Delivery Fee (Nights and Weekends) Per Unit e. Additional Pumping & Cleaning Services Per Unit f. Additional Cleaning Services for Standing Sink Per Unit	·		
d. Standard toilet with built in pump sink. e. 2 Station Free Standing Sink w/ Service -1x Per Week (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet b. ADA Handicap Accessible Units c. 2 Station Free Standing Sink w/Service -2x Per Week 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit b. Special Event Per Diem Rate *-ADA Unit C. Emergency Delivery Fee (Weekdays) d. Emergency Delivery Fee (Nights and Weekends) e. Additional Pumping & Cleaning Services f. Additional Cleaning Services for Standing Sink Per Unit	•	weekiy	
e. 2 Station Free Standing Sink w/ Service -1x Per Week (MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet b. ADA Handicap Accessible Units c. 2 Station Free Standing Sink w/Service -2x Per Week 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate *-ADA Unit Per Day c. Emergency Delivery Fee (Weekdays) d. Emergency Delivery Fee (Nights and Weekends) Per Unit e. Additional Pumping & Cleaning Services Per Unit f. Additional Cleaning Services for Standing Sink Per Unit	•	Weekly	
(MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2 CLEANINGS PER WEEK) a. Standard Portable Toilet b. ADA Handicap Accessible Units c. 2 Station Free Standing Sink w/Service -2x Per Week 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate *-ADA Unit Per Day c. Emergency Delivery Fee (Weekdays) d. Emergency Delivery Fee (Nights and Weekends) e. Additional Pumping & Cleaning Services Per Unit f. Additional Cleaning Services for Standing Sink Per Unit			
b. ADA Handicap Accessible Units c. 2 Station Free Standing Sink w/Service -2x Per Week 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit b. Special Event Per Diem Rate *-ADA Unit c. Emergency Delivery Fee (Weekdays) d. Emergency Delivery Fee (Nights and Weekends) e. Additional Pumping & Cleaning Services f. Additional Cleaning Services for Standing Sink Weekly Weekly Per Day Per Day Per Unit Per Day Per Unit Per Unit Per Unit	(MORE THAN ONE WEEK, LESS THAN ONE MONTH; 2		
c. 2 Station Free Standing Sink w/Service -2x Per Week 5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit b. Special Event Per Diem Rate *-ADA Unit c. Emergency Delivery Fee (Weekdays) d. Emergency Delivery Fee (Nights and Weekends) e. Additional Pumping & Cleaning Services f. Additional Cleaning Services for Standing Sink Weekly Weekly Per Day Per Day Per Unit Per Day Per Unit Per Unit	a. Standard Portable Toilet	Weekly	
5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES) a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate *-ADA Unit Per Day c. Emergency Delivery Fee (Weekdays) Per Unit d. Emergency Delivery Fee (Nights and Weekends) Per Unit e. Additional Pumping & Cleaning Services Per Unit f. Additional Cleaning Services for Standing Sink Per Unit	b. ADA Handicap Accessible Units	Weekly	
a. Special Event Per Diem Rate*-Standard Unit Per Day b. Special Event Per Diem Rate *-ADA Unit Per Day c. Emergency Delivery Fee (Weekdays) Per Unit d. Emergency Delivery Fee (Nights and Weekends) Per Unit e. Additional Pumping & Cleaning Services Per Unit f. Additional Cleaning Services for Standing Sink Per Unit	c. 2 Station Free Standing Sink w/Service -2x Per Week	Weekly	
b. Special Event Per Diem Rate *-ADA Unit Per Day c. Emergency Delivery Fee (Weekdays) Per Unit d. Emergency Delivery Fee (Nights and Weekends) Per Unit e. Additional Pumping & Cleaning Services Per Unit f. Additional Cleaning Services for Standing Sink Per Unit	5. SPECIAL RATES, ADDITONAL (ITEMS AND SERVICES)	<u> </u>	
c. Emergency Delivery Fee (Weekdays) d. Emergency Delivery Fee (Nights and Weekends) e. Additional Pumping & Cleaning Services f. Additional Cleaning Services for Standing Sink Per Unit Per Unit	a. Special Event Per Diem Rate*-Standard Unit	Per Day	
d. Emergency Delivery Fee (Nights and Weekends) Per Unit e. Additional Pumping & Cleaning Services Per Unit f. Additional Cleaning Services for Standing Sink Per Unit	b. Special Event Per Diem Rate *-ADA Unit	Per Day	
e. Additional Pumping & Cleaning Services Per Unit f. Additional Cleaning Services for Standing Sink Per Unit	c. Emergency Delivery Fee (Weekdays)	Per Unit	
f. Additional Cleaning Services for Standing Sink Per Unit	d. Emergency Delivery Fee (Nights and Weekends)	Per Unit	
	e. Additional Pumping & Cleaning Services	Per Unit	
g. Additional Hand Sanitizers Per Unit	f. Additional Cleaning Services for Standing Sink	Per Unit	
	g. Additional Hand Sanitizers	Per Unit	

Rates apply from point when event starts to point when event ends. Rates include delivery and pick-up.

Should there be any mathematical errors, the unit price with discount, if any, shall prevail.

SECTION C (continued)

Contract FY26-B127 Request for Proposal for Rental of Portable Toilets

Signature	// Date	_
Printed Name and Title of Person Signing Prop	oosal	
Name of Business	License #	
Address		
Phone	Email	

REFERENCES

The Bidder is required to fill out the following form to enable the Borough to make inquiries and judge as to

the Bidder's experience, skill, available financial resources, credit, and business standing.

1. Number of years the bidder has been in business: _______

2. List three (3) references of similar nature to the work described herein that the Bidder has completed, with name, address, and telephone number of a reference for each.

2. Has the Bidder ever failed complete work awarded; and if so, state where and why:

3. Does the Bidder plan to sublet any part of this work; and if so, give details:

Bidder Name:
Bidder Address:

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person.				
As used in this certification, the word "person" shall mean a corporation, union, committee, club, or other organization, entit				
Signature	// Date			
Printed Name of Person Signing Proposal				

Name of Business

BOROUGH OF NAUGATUCK: INSURANCE REQUREMENTS

1. Indemnification and Insurance

G'The Contractor') shall indemnify, defend and hold harmless the Borough of Naugatuck, its officials, officers, employees and designees caused in whole or in part to the fullest extent permitted by law from and against any and all claims, suits, actions, obligations, liabilities, damages, losses or injury (including the resulting death of a person), penalties, and expenses (including reasonable attorneys' fees) to the extent arising out of the performance of this Agreement or due to the Contractor's negligence or willful misconduct or omissions of the Contractor or its employees, agents, subcontractors or representatives.

Prior to the commencement of the work, and until final completion and acceptance of the work, the Contractor shall procure and maintain the following types of insurance and maintain all insurance coverage for the life of the contract, from an insurance company or companies with an A.M. Best Rating of A- (IX) or better licensed to do business in the state of Connecticut.

Evidence of insurance, with adequate limits of liability, shall be furnished to the Borough. Such evidence shall be in the form of a formal certificate of insurance properly executed by a licensed representative of the participating insurers and must contain a clause granting at least thirty (30) days prior written notice to the Borough of intent to affect cancellation, non-renewal, or other material change which may have an adverse effect on the policies of insurance referred to in the certificate.

The Borough expressly retains the right via endorsement to recover and/or subrogate for any and all damages caused by or resulting from the products or work of the Contractor or subcontractors. Where applicable, policies shall also be endorsed to include a Waiver of Subrogation in favor of the Borough, as well as name the Borough as an additional insured on a primary and non-contributory basis. The Contractor must require that all subcontractors, agents, and assigns procure and maintain insurance protection comparable to that required of the Contractor including additional insured status and waiver of subrogation requirements.

In the event of a dispute with respect to contract terms and conditions, this agreement and all of its terms and conditions, including but not limited to insurance and indemnification requirements, takes precedence over all other agreements.

Limitation of liability of any form by the Contractor or subcontractors is expressly forbidden. It's expected that the Contractor will expose the full limits under their insurance policies. These are only the minimum requirements to do business with the Borough.

A. *Workers Compensation*: The Contractor shall provide workers compensation and employer's liability insurance that complies with the regulations of the State of Connecticut with limits no less than \$500,000 each accident by bodily injury; \$500,000 each accident by disease and a policy limit of \$500,000.

- Such policy shall include a broad form "all states" endorsement in the event the operations require any interstate involvement as respects employers-employee relationship.
- B. Commercial General Liability Insurance: The Contractor shall provide commercial general liability insurance policy that includes products, operations and completed operations as follows: Bodily injury & property damage with an occurrence limit of \$1,000,000: Personal & advertising injury limit of \$1,000,000 per occurrence: General aggregate limit of \$2,000,000 (other than products and completed operations): Products and completed operations aggregate limit of \$2,000,000.
- C. Commercial Automobile Insurance: The Contractor shall provide commercial automobile insurance for any owned autos (symbol 1 or equivalent) in the amount of \$1,000,000 each accident covering bodily injury and property damage on a combined single limit. Such coverage shall also include hired and non-owned automobile coverage.
- C. *Umbrella Liability Insurance*: The Contractor shall provide commercial umbrella liability with limits no less than \$5,000,000 each occurrence and \$5,000,000 in the aggregate which shall be following form, without restriction or limitation, providing coverage over items (A), (B), (C), as noted above on a primary and non-contributory basis.

The Contractor shall not commence Work under the Contract until all insurance required has been procured and approved by the Borough nor shall the Contractor allow any of its subcontractors to commence Work until comparable insurance has been procured and approved by the Borough. Notwithstanding the foregoing, Contractor shall be liable for the actions and inactions of subcontractors who perform Work pursuant to this RFP and subsequent contracts.

The Contractor shall advise all their insurers of the contract provisions regarding insurance. The failure of the Contractor to notify insurers of the contract provision shall not relieve the Contractor from its insurance obligations under the Agreement. Non-fulfillment of the insurance provisions shall constitute a breach of this agreement and the Borough of Naugatuck retains the right to stop work until proper evidence of insurance is provided.

Signed by Contractor:	Date:
Address:	
Signed by Borough:	Date:



BOROUGH OF NAUGATUCK

229 Church Street Naugatuck, CT 06770

VENDOR APPLICATION FORM

VENDOR INFO	ORMATION						
COMPANY / FIRM NAME as shown on Federal Tax Return						VENDOR ID. If applicable	
ALTERNATE NAME if applicable/(doing business as)					TAX ID NUMBER FEIN OR SSN		
VENDOR ADDRE	ESS						
PAYMENT ADDI	RESS if different from above	/e					
DO MANUALC AD	DDECC :f d:fferent from a						
PO MAILING AL	DDRESS if different from ab	oove					
PHONE		FAX			WEBSITE		
1110112		1700			***************************************		
POINT OF CONT	TACT FOR SALES - NAME &	TITLE			POINT OF CO	NTACT EMAIL	
	ON TYPE /Please su	hmit compl	otod ///0/		<u> </u>		
ORGANIZATI	ON TYPE (Please su	bmit compl		le Proprietor o	or Single		
C	Corporation		Member LLC	· 			Trust/estate
S	Corporation		Partnership				Limited Liability Company. (C=Corp, S=S Corp, P=Partnership
	<u> </u>		rartifership				corp, i –i artifersinp
Ot	ther						
VENDOR TYPE							
SE	ERVICE	Type of Se	rvice				
PI	RODUCT	Type of Pr	oduct				
В	ОТН						
SERVICE VENDO	he Service be perform	ed.		Borough P	ronerty		Vendor's location
Where will th	ne service se periorii	icu.		Dorougiri	торстту		vendor s location
Is a State Lice	ense required to perf	om work in	the State of	f			YES NO
Connecticut?	? If Yes:						
Tv	ype of License for Bus	siness: (Elec	trical, Mech	anical, HVA	.C, etc.)		
	redential Number (als				-		
		•			-	rk onsite(i.e.	Electrical license, HVAC, etc)
	ce Vendors require a				_	-	
	·						
DEPARMENT US	SE ONLY						
Expected Ani	nual Purchase \$\$						
Anticipated P	Purchase Authority					(reason fo	r adding vendor)
Which line ite	Which line item from your GL will this Vendor fall under?						
Will we be pr	rocessing payments for	or this Vend	lor?		YES		NO
Decuments	ahtainad:	\A/O		COL	-	Cianad Inc	urance Agreement



Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	I Name (as snown on your income tax return). Name is required on this line; do not leave this line blank.						
	2 Business name/disregarded entity name, if different from above						
on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes. Individual/sole proprietor or	k only one of the	4 Exempticertain entinstructions	ities, not ii	ndividu		
e.	single-member LLC		Exempt pay	yee code (if any)		
g Ş	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnersh	nip) ►					
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member owne LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the own another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner.	ner of the LLC is -member LLC that	Exemption code (if an		CA rep	orting	
cifi	Other (see instructions)	,	(Applies to acco	ounts maintair	ned outsic	de the U.	l.S.)
Spe		Requester's name a	nd address	(optional)			
See							
(O)	6 City, state, and ZIP code						
	7 List account number(s) here (optional)						
	List account number(s) here (optional)						
Pai	rt I Taxpayer Identification Number (TIN)						
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	<u> </u>	urity numb	er			
	up withholding. For individuals, this is generally your social security number (SSN). However, for ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other	a					
	es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	a					
TIN, I	ater.	or					_
	If the account is in more than one name, see the instructions for line 1. Also see What Name an	employer	identification	on numbe	r		_
Numk	per To Give the Requester for guidelines on whose number to enter.		-				
Par	t II Certification						
	r penalties of perjury, I certify that:						
2. I ar Se	e number shown on this form is my correct taxpayer identification number (or I am waiting for a rm not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or longer subject to backup withholding; and	have not been no	otified by t	he Intern			
3. I ar	m a U.S. citizen or other U.S. person (defined below); and						
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	is correct.					
	fication instructions. You must cross out item 2 above if you have been notified by the IRS that you ave failed to report all interest and dividends on your tax return. For real estate transactions, item 2 do) beca	ause

acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Signature of U.S. person ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)

Date ▶

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- · An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
 - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester,
- 2. You do not certify your TIN when required (see the instructions for Part II for details),
 - 3. The IRS tells the requester that you furnished an incorrect TIN,
- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

- b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.
- c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.
- d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.
- e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n)	THEN check the box for
Corporation	Corporation
Individual Sole proprietorship, or Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single- member LLC
LLC treated as a partnership for U.S. federal tax purposes, LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
Partnership	Partnership
Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2-The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5-A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8-A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10-A common trust fund operated by a bank under section 584(a)
- 11-A financial institution
- 12-A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for	THEN the payment is exempt for
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

See Form 1099-MISC, Miscellaneous Income, and its instructions.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B-The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G-A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I-A common trust fund as defined in section 584(a)

J-A bank as defined in section 581

K-A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M-A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester,* later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- **3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- **4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

<u> </u>
Give name and SSN of:
The individual
The actual owner of the account or, if combined funds, the first individual on the account 1
Each holder of the account
The minor ²
The grantor-trustee ¹
The actual owner ¹
The owner ³
The grantor*
Give name and EIN of:
The owner
Legal entity ⁴
The corporation
The organization
The partnership
The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

- ¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.
- ² Circle the minor's name and furnish the minor's SSN.
- ³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.
- ⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to <code>phishing@irs.gov</code>. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at <code>spam@uce.gov</code> or report them at <code>www.ftc.gov/complaint</code>. You can contact the FTC at <code>www.ftc.gov/idtheft</code> or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see <code>www.ldentityTheft.gov</code> and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Page 6