

## **Bid Bond Request Form**

Contactor's Information				
Date				
Contractor's Name				
Bid Date	Time of Bid			
Owner/Oblige				
Job/Project Description				
Details				
Contract/Solicitation Number				_
Estimated Contract Amount \$ _				<u>_</u>
Liquidated Damages \$	Per Calendar Day	or Working Day		
Completion Time	Calendar Days	or Working Days		
Warranty Provisions				
Bid Bond Percentage 5%	10%	_ 15%	20%	
Bid Forms (Please indicate)				
Special Forms Attached	Rond Company Forms	Government Forms		
•		Government i omis		
Current Work of Fland \$				
Delivery Via (Please indicate by c	heck mark)			
Hold for Pick Up	Date		Time	
Regular Mail (Address)				
Federal Express Priority (Acco	unt Number #)			
MEMO				