

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-032** by Tuesday, February 4, 2025, at 10:00 a.m. include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 301 River Park Drive, East St. Louis, IL 62201.

PROJECT INFORMATION

CONTRACTOR INFORMATION

ADDRESS: 1842 CENTRAL AVE.	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: EMMA MARTIN	POINT OF CONTACT/CONTRACTOR:
PHONE: 618.407.9491 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL: EJMARTIN37@GMAIL.COM	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST <i>Labor & Materials</i>
PATIO DOOR: REMOVE AND REPLACE		