

50/50 GRANT REHAB PROGRAM

PO# _____



REQUEST FOR QUOTATIONS

Instructions to contractor: Return **RFQ# 25-086** by Monday, May 19th, 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. **THIS IS A REBID**

PROJECT INFORMATION

ADDRESS:
**631 NORTH 75th STREET EAST ST LOUIS
IL.62203**

HOMEOWNER'S NAME/SIGNATURE:
EARLEST A JOHNSON

PHONE: 618-567-9280
ALTERNATE PHONE: 618-670-1497

EMAIL: Katastraphphe1@gmail.com

CONTRACTOR INFORMATION

COMPANY NAME:

POINT OF CONTACT/CONTRACTOR:

MAILING ADDRESS:

CELL/BUSINESS PHONE:
EMAIL:

SCOPE OF WORK

DESCRIPTION	QUANTITY	COST Labor & Materials
REMOVE AND REPLACE SHINGLES REMOVE AND REPLACE GUTTERS REMOVE AND REPLACE FASCIA REMOVE AND REPLACE SIDING INSTALL 13 WINDOWS		