

<b>Exhibit A - Attachment 2</b>	<b>Contractor Information Sheet</b>	<b>Solicitation NO: 19PSX0219</b>
<b>CONTRACTOR NAME:</b>		<b>CONTRACTOR'S DOT ID #</b>

### Contractor's Treated Road Salt Locations and Inventory

Address	Tel. No.	Contact Person	Inventory (TONS)	Product Source
Address	Tel. No.	Contact Person	Inventory (TONS)	Product Source
Address	Tel. No.	Contact Person	Inventory (TONS)	Product Source
Address	Tel. No.	Contact Person	Inventory (TONS)	Product Source
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### Contractor's Company Trucks

Registration Number	Company Truck Number	Truck Type (Tri-Axle, Trailer Dump, etc.)
Registration Number	Company Truck Number	Truck Type (Tri-Axle, Trailer Dump, etc.)
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**Name & Address of Additional Trucking Companies Used**

Company Name / Address	Truck Type (Tri-Axle, Trailer Dump, etc.)	Contact Person / Tel. No.
Company Name / Address	Truck Type (Tri-Axle, Trailer Dump, etc.)	Contact Person / Tel. No.
Company Name / Address	Truck Type (Tri-Axle, Trailer Dump, etc.)	Contact Person / Tel. No.
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**Delivery and Operational Information:**

Contractor's designated person responsible for accepting and scheduling routine telephone orders during normal business hours between 8:00 a.m. to 3:30 p.m. and Contractor's designated person responsible for accepting and scheduling emergency - 24 hour telephone orders during critical resupply periods from 3:30 p.m. to 8:00 a.m. including weekends & holidays.

Depot Location: \_\_\_\_\_

**Routine Orders:**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

**Emergency Orders:**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Depot Location: \_\_\_\_\_

**Routine Orders:**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

**Emergency Orders:**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

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Depot Location: \_\_\_\_\_

**Routine Orders:**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

**Emergency Orders:**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Depot Location: \_\_\_\_\_

**Routine Orders:**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

**Emergency Orders:**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

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### Treated Road Salt Source Information

Contractor Guarantees Of Delivery During Contract Term: \_\_\_\_\_Tons

Contractor Can Deliver Quantities Ordered In: \_\_\_\_\_Days

**Treated Road Salt Source Offered By Contractor:**

Depot Location: \_\_\_\_\_

Product Type: \_\_\_\_\_  
Mined/Solar/Other

Producer Name: \_\_\_\_\_  
Producer / Manufacture Name, Address

Product Source: \_\_\_\_\_  
Address including City / Town Country denoting the origin of the product

Depot Location: \_\_\_\_\_

Product Type: \_\_\_\_\_  
Mined/Solar/Other

Producer Name: \_\_\_\_\_  
Producer / Manufacture Name, Address

Product Source: \_\_\_\_\_  
Address including City / Town Country denoting the origin of the product.

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Depot Location: \_\_\_\_\_

Product Type: \_\_\_\_\_  
Mined/Solar/Other

Producer Name: \_\_\_\_\_  
Producer / Manufacture Name, Address

Product Source: \_\_\_\_\_  
Address including City / Town Country denoting the origin of the product

Depot Location: \_\_\_\_\_

Product Type: \_\_\_\_\_  
Mined/Solar/Other

Producer Name: \_\_\_\_\_  
Producer / Manufacture Name, Address

Product Source: \_\_\_\_\_  
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Type of Anti-Caking Agent to Be Utilized: \_\_\_\_\_

Point Where Anti-Caking Is Applied: \_\_\_\_\_

**Contractor's Mailing Address for Purchase Orders:**

\_\_\_\_\_

\_\_\_\_\_

**Remit Address:**

\_\_\_\_\_

\_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Sales Rep:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Billing Contact:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_