**TOILETS TENDER APPLICATION FORM 2020**

Company/Trade Name:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel/Mob No:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL AMOUNT OF TENDER BROKEN DOWN AS OUTLINED BELOW:- £**

**28 x Fully Flushable Toilet Units: £**

**1 x Cold Wash Fully Flushable Units: £**

**2 x Fully Flushable Disabled Toilet Units: £**

**1 x Baby Changing Unit: £**

**On Site Servicing: £**

Signed: ………………………………………………………… Print Name: …………………………………………………

For (Name of Company) ………………………………………………………………… Dated: ………………….…………….

**Please enclose the following with your Tender:- 1. Risk Assessment Form**

**2. Copy of Current Insurance Cover**

**3. Relevant Certificates**

**If the above information is not enclosed with your Tender, your Tender will not be put forward for consideration.**