



Request for Quote for the Supply of One Used or New Flail Mower

RFQ-RDS-2026-07

Central Huron invites you to submit a quote for one used or new flail mower.

The mower quoted must facilitate the following features:

- **Must have a minimum cutting width of 2 meters.**
- **Must have a safety breakaway system.**
- **Must be a rear mount PTO style hook up.**
- **Must be newer than 2022.**
- **Price must include any special installation required in the municipalities tractor in order to operate the flail mower.**

Delivery of the mower to 182 King Street Clinton Ontario will be incorporated in the supply price for the lift.

Quotes will be accepted until **Thursday April 30, 2026, at 11:59 a.m.** by Roads Manager, Brady Nolan.

Quotes will be accepted via mail, courier, email or hand delivery to the below noted address:

Municipality of Central Huron
23 Albert Street, PO Box 400
Clinton, ON N0M 1L0
Office: (519) 482-3997 Ext 1235
Email: bids@centralhuron.com

The Municipality of Central Huron reserves the right to not accept the lowest price or any quotation; and change, suspend or cancel (in whole or in part) any aspect of the RFQ process at any time prior to the acceptance of any quotation.

Your quotation must allow for all obligations in providing the product or service. Central Huron's expectation is that the prices quoted are the total price payable. This is not a formal tender process and creates no legal obligations or liability in relation to this RFQ.

If you would like to submit a quote, please fill out all the sections below. Please provide pricing for at least one brand of mower. Please note that price is not the only metric that will be evaluated in the purchase of the mower and machine condition and engine hours will play an equally important role when selecting the appropriate machine for purchase. It is at the sole discretion of the Municipality of Central Huron and the Roads Manager as to which machine quoted is the best value to the Municipality and your signature at the end of the quotation acknowledges this.

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Legal Business Name: _____

Address: _____

_____ Postal Code: _____

Telephone: _____

Fax: _____

Email: _____

Registered Business Number: _____

Workplace Safety Insurance Number: _____

Description	Brand and Model	Hours	Total Excluding HST
Flail Mower			

Name of Authorized Person Signing

Signature

Office/Position of Person Signing