



Request for Quote for the Supply of One Used Screening Bucket.

Central Huron invites you to submit a quote for one used Allu or approved in advance Screening Bucket

Screening bucket quoted must facilitate the following features:

Must be capable of attaching to Hitachi 470 Z axis excavator

Must be a minimum of 1 yard capacity

Must have Hydraulic hoses and couplings.

All prices quoted must be in Canadian Dollars.

Quotes will be accepted until **Tuesday June 24 at 11:59 am** 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. Information in this RFQ is provided for the sole purpose of preparing and submitting a quotation and the information will be kept confidential and will not be used for any other purposes.

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 Screening Bucket. Please note that price is not the only metric that will be evaluated in the purchase of the Bucket 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.

RFQ – RDS-2026-09

Legal Business Name _____

Address: _____
_____ Postal Code: _____

Telephone: _____

Fax: _____

Email: _____

Registered Business Number _____

Workplace Safety Insurance Number _____



Description	Brand and Model	Hours	Total Excluding HST
Screening Bucket			

Name of Authorized Person Signing

Signature

Office/Position of Person Signing