**NOTICE TO BIDDERS**

The Crawford County Road Commission will receive sealed bids until 4:00 p.m. (for a bid opening during the regular meeting) on Thursday, February 15th, 2024, at their Grayling office located at 500 Huron Street, Grayling, MI 49738, for furnishing the following:

**DUST CONTROL**

All materials must meet current Michigan Department of Transportation specifications. Additional information may be obtained at the office of the undersigned.

Specifications and bid documents may be obtained by contacting the Crawford County Road Commission at the above address. Bids must be sealed in an envelope and clearly marked as: **2024 Dust Control** **Bid**



The Board reserves the right to reject any or all bids, to wave informalities in the bids and to award the bid deemed to be in the best interest of Crawford County. The board also reserves the right to extend contracts from year to year if bid prices stay the same.

Board of Crawford County Road Commissioners

Ryan Halstead, Chairman

Gary Summers, Vice Chairman

Cris Jones, Commissioner

Scott Hanson, Commissioner

Ronald Larson, Commissioner

For publication:

**CRAWFORD COUNTY ROAD COMMISSION**

**500 HURON STREET**

**GRAYLING, MI 49738**

**Dust Control**

**Bid Sheet**

Delivery and application of approximately 60,000 gallons/30 miles of mineral well brine.

Minimum content of 21% calcium magnesium chloride. Application rate shall be 2,000 gallons per mile. Minimum of three (3) Applications. Application shall be coordinated with Crawford County Road Commission maintenance personnel. Application dates: 1st application prior to Memorial Day weekend, 2nd application, prior to 4th of July weekend and final application, prior to Labor Day weekend.

Certify calcium magnesium chloride \_\_\_\_\_\_\_\_\_\_\_%

Bid Price per gallon $ \_\_\_\_\_\_\_\_\_\_\_/gal.

Alternative material \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_/gal.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_% Chloride

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Address Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Fax

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Contact Person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Company Representative’s Signature