

**TOWN OF WALKERSVILLE
SNOW REMOVAL CONTRACTOR**

A Certificate of Insurance naming the Town of Walkersville as a Certificate Holder must be on file before you will be called. Insurance companies may fax or email certificates 301-845-2706 , mwrubush.walkersville@gmail.com

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

EQUIPMENT AVAILABLE FOR USE IN SNOW REMOVAL:

MAKE/MODEL	YEAR	USE

HOURLY FEE: \$ _____