

## NOTICE TO BIDDERS

Sealed bids will be received by the Board of Supervisors of Hancock County, Bay St. Louis, MS, until **10:00 a.m., January 4, 2021** and shortly thereafter publicly opened for providing the following to Hancock County, for a period of one year beginning at bid acceptance until December 31, 2021 or until a new bid is accepted: Cold Bituminous Picked Up, Culverts & Couplings, Double Bituminous Surface Treatment, Gravel & Sand, High Polymer Micro Surfacing, Hot Bituminous In Place & Picked Up, Limestone, Liquid Asphalt, Micro-Surfacing & Seals, Office & Janitorial Supplies, Painted Traffic Marking, Portable Toilet Services, Highway Signs & Highway Posts, Thermoplastic Traffic Marking, Unprocessed Clay, Unprocessed Clay Gravel, Unprocessed Fill Dirt, as well as, anything vendor feels the County may need throughout the year.

Bid specifications are available, upon request, from Robin Benoit of the Hancock County Purchasing Department, 854 Hwy 90, Suite A, Bay St. Louis, MS 39520 or by calling 228-466-8231, or by visiting:

<http://www.hancockcounty.ms.gov/pages/purchasing-department.aspx>

All envelopes must be marked on the outside of the envelope **"BID ENCLOSED"** and listing the bid item and bid opening date.

All envelopes must be date and time stamped and filed in the Hancock County Board of Supervisors Office, 854 Hwy 90, Suite A, Bay St. Louis, MS 39520 **before 10:00 a.m. on the day of the bid opening.**

The Board reserves the right to reject any and all bids.

Published by Order of the Board of Supervisors of Hancock County, Mississippi, on the 2<sup>nd</sup> day of November, 2020.



Scotty Adam, President  
Board of Supervisors  
Hancock County, Mississippi

*Valerie Fitts*  
By/Valerie Fitts, D.C.

Publish Dates:

December 2, 2020

December 9, 2020

**SPECIFICATIONS FOR PORTABLE TOILETS  
BOARD OF SUPERVISORS  
HANCOCK COUNTY, MISSISSIPPI**

- PROVIDE PORTABLE TOILET SERVICES FOR ANY AND ALL LOCATIONS WITHIN HANCOCK COUNTY
  
- PORTABLE TOILETS SHALL BE DELIVERED/PICKED-UP WITHIN 48 HOURS AFTER CALL IS RECEIVED
  
- ALL PORTABLE TOILETS MUST BE CLEANED AT LEAST ONE TIME PER WEEK WHILE AT THE DELIVERY LOCATION AND “MAINTAIN AND SUPPLY TISSUE PAPER AS NEEDED”
  
- ALL WASTE MUST BE PICKED UP BY A PERMITTED COMPANY AND TAKEN TO A PERMITTED DUMP SITE, THE LOCATION OF WHICH TO BE DESIGNATED AND DOCUMENTATION OF ITS PERMITTED SITE
  
- PRICE SHALL INCLUDE SERVICE PROVIDED 1 TIME PER WEEK, 2 TIMES PER WEEK, 3 TIMES PER WEEK, AND SPECIAL EVENTS
  
- HANDICAP ACCESSIBLE PORTABLE TOILETS SHALL BE AVAILABLE UNPON REQUEST AS NEEDED WITH THE SAME SPECIFICATIONS AS REGULAR PORTABLE TOILETS
  
- BID PRICE WILL BE FOR A PERIOD BEGINNING AT DATE OF ACCEPTANCE OF SAID BID UNTIL DECEMBER 31, 2021 OR UNTIL A NEW BID IS ACCEPTED
  
- BID SPECIFICATIONS ARE AVAILABLE UPON REQUEST FROM THE HANCOCK COUNTY PURCHASING DEPARTMENT, HANCOCK COUNTY GOVERNMENT ANNEX, 854 HIGHWAY 90 SUITE A, BAY ST. LOUIS, MS 39520, OR BY CALLING (228) 466-8231

**SPECIFICATIONS FOR PORTABLE TOILETS  
BOARD OF SUPERVISORS  
HANCOCK COUNTY, MISSISSIPPI**

“CONTINUED”

- ALL ENVELOPES MUST BE MARKED ON THE OUTSIDE OF THE ENVELOPE “*BID ENCLOSED*” AND STATE THE ITEM BID ON AND THE BID OPENING DATE
  
- ALL ENVELOPES MUST BE STAMPED FILED IN THE HANCOCK COUNTY BOARD OF SUPERVISOR’S OFFICE BEFORE 10:00 A.M., ON THE DAY OF BID OPENING
  
- THE BOARD RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Representative

\_\_\_\_\_

Name of Company

\_\_\_\_\_

Address of Company

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Area Code & Telephone No.

PORTABLE TOILETS PROVIDED AS PER SPECIFICATIONS WITH THE FOLLOWING SERVICE

1X PER WEEK \$ \_\_\_\_\_ /MONTH \$ \_\_\_\_\_ /YEAR

HANDICAP PORTABLE \$ \_\_\_\_\_ /MONTH \$ \_\_\_\_\_ /YEAR

2X PER WEEK \$ \_\_\_\_\_ /MONTH \$ \_\_\_\_\_ /YEAR

HANDICAP PORTABLE \$ \_\_\_\_\_ /MONTH \$ \_\_\_\_\_ /YEAR

3X PER WEEK \$ \_\_\_\_\_ /MONTH \$ \_\_\_\_\_ /YEAR

HANDICAP PORTABLE \$ \_\_\_\_\_ /MONTH \$ \_\_\_\_\_ /YEAR

SPECIAL EVENT \$ \_\_\_\_\_ /CAN

HANDICAP PORTABLE \$ \_\_\_\_\_ /CAN

EXTRA SERVICE \$ \_\_\_\_\_ /CAN

HANDICAP PORTABLE \$ \_\_\_\_\_ /CAN

NAME OF COMPANY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_