

**ALABAMA DEPARTMENT OF TRANSPORTATION
VEHICLE QUOTE/BID SHEET**

AGENCY INFORMATION

LEGAL NAME OF CURRENT VEHICLE OWNER: MENTAL HEALTH CENTER OF NORTH CENTRAL ALABAMA INC

NAME OF AGENCY REPRESENTATIVE: AMY JOHNSON

TELEPHONE NUMBER: (256) 260-7302

VEHICLE INFORMATION

MANUFACTURER OF VEHICLE BODY: _____ MODEL: _____

MODEL YEAR: _____ DESIGNED SEATING CAPACITY: ____

ADA ACCESIBILITY FEATURES: YES ____ NO ____ CURRENT MILEAGE: _____

COMPLETE VEHICLE ID NUMBER: _____

BID OR QUOTE

NAME OF PERSON OR AGENCY: _____

TYPE OR PRINT

AMOUNT OF BID/QUOTE: \$ _____

Signature of person submitting bid/quote

Date