

## CITY OF CLEARWATER EQUIPMENT PICKUP FORM

Marshall WRF 1605 Harbor Dr. Clearwater, FL 33755	Northeast WRF 3290 SR 580 Safety Harbor, FL 33761	East WRF 3141 Gulf to Bay Blvd Clearwater, FL 33759	RO#1 1657 Palmetto St Clearwater, FL 33755	RO#2 21133 US HWY 19 N Clearwater, FL 33765	RO#3 2709 SR 580 Clearwater, FL 33761

### AS-NEEDED PUMPS, MOTORS, GEARBOXES, DRIVES, BLOWERS, COMPRESSORS AND RELATED EQUIPMENT REPAIR SERVICES

(TO BE COMPLETED BY CITY OF CLEARWATER EMPLOYEE)

Contractor Name: \_\_\_\_\_

Equipment Description: \_\_\_\_\_ Serial/Tracking#: \_\_\_\_\_

Equipment Location: \_\_\_\_\_

Pump Motor Nameplate: \_\_\_\_\_ Intact

Nameplate Data: \_\_\_\_\_

Pick-up Date: \_\_\_\_\_ Request Return Date: \_\_\_\_\_

Other Equipment Description: \_\_\_\_\_

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

Equipment Condition (Describe condition of equipment and reason for repair): \_\_\_\_\_

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

NOTE: *All equipment to be returned to OEM specifications.*

*Was a photo of this equipment taken before it was picked up?* \_\_\_\_\_

**The equipment described above was picked up for repair in accordance with City of Clearwater ITB #14-24: Electric Motor and Pump Repair Services.**

\_\_\_\_\_  
 Contractor's Representative  
 (Signed)

\_\_\_\_\_  
 Printed

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 City's Representative  
 (Signed)

\_\_\_\_\_  
 Printed

\_\_\_\_\_  
 Date

**NOTE: REMOVE ALL ACCESSORIES PRIOR TO SHIPPING OUT**