Addendum 1
File # 17-0176
2017 Fire Hydrants

This addendum serves to notify all bidders of the following changes to the solicitation documents:

1. The bid opening date has been extended to Tuesday, February 7, 2017.
2. Please provide per unit pricing for each line item. In order to make this clearer, an updated Bid Form is attached.

Please acknowledge receipt of this Addendum by initialing and dating Addendum #1 below the bid form on the invitation for bids.

Posted: 2/3/17
BID FORM (Updated)
BID # 17-0176
2017 FIRE HYDRANTS

All quantities are estimates only. Pricing must be guaranteed through December 31, 2017.
The City intends to place one large order immediately after award, with possible subsequent
smaller order(s) later in the year.
Pricing should include delivery to City of Duluth, Public Works & Utilities, 520 Garfield Ave,
Duluth, MN 55802

<table>
<thead>
<tr>
<th>EST 2017 QTY</th>
<th>UOM</th>
<th>Description</th>
<th>Price Delivered (Each)</th>
<th>Standard Lead Time</th>
<th>Extended Price Based on Est QTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>EA</td>
<td>6' WATEROUS PACER HYDRANT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>EA</td>
<td>7'6&quot; WATEROUS PACER HYDRANT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>EA</td>
<td>8' WATEROUS PACER HYDRANT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>EA</td>
<td>8'6&quot; WATEROUS PACER HYDRANT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>EA</td>
<td>9' WATEROUS PACER HYDRANT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>EA</td>
<td>9'6&quot; WATEROUS PACER HYDRANT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>EA</td>
<td>10' WATEROUS PACER HYDRANT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TOTAL</td>
</tr>
</tbody>
</table>

ACKNOWLEDGMENT OF ADDENDA

ADDENDUM #                          INITIAL/DATE

ADDENDUM #                          INITIAL/DATE

Signature ___________________________________________ Date ________

Name/Title ____________________________________________

Company Name ____________________________________________

Address ____________________________________________

City, State, Zip ____________________________________________

Tel. __________________________________ E-Mail __________________________

If your organization is certified as a Disadvantaged Business Enterprise, please check here: [ ]