

Offeror Name: _____

Facility Name: Law Enforcement Center
1101 North Oak Street, Myrtle Beach, SC 29577
POC: Lt. Seabrook Phillips (843-918-1361)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly
Termite Treatment	Yearly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

_____ A termite bond will be required at some point over the course of the next five (5) years.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Treatment: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Bond (if needed): \$_____

Offeror Signature: _____

Offeror Name: _____

Facility Name: Warren S. Gall Police Annex
3340 Mustang Street, Myrtle Beach, SC 29577
POC: Capt. Eric DiLorenzo (843-918-1305)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly
Termite Treatment	Yearly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

_____ A termite bond will be required at some point over the course of the next five (5) years.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Treatment: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Bond (if needed): \$_____

Offeror Signature: _____

Offeror Name: _____

Facility Name: Fire Station #1
1250 Mr. Joe White Avenue, Myrtle Beach, SC 29577
POC: Gary Finkle (843-504-6120)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly
Rodent Service	As Needed

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Rodent Service: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Fire Station #2
5338 North Kings Highway, Myrtle Beach, SC 29577
POC: Jeremy Alborno (843-458-4130)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly
Rodent Service	As Needed

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Rodent Service: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Fire Station #3 – Training Academy
2108 South Kings Highway, Myrtle Beach, SC 29577
POC: Kenneth Chapman (843-385-3013)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly
Rodent Service	As Needed

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Rodent Service: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Fire Station #4 (Emergency Operations Center)
1170 Howard Avenue, Myrtle Beach, SC 29577
POC: Tim Walters (843-267-2758)/Capt. John Bertang (843-918-1951)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly
Rodent Service	As Needed

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Rodent Service: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Fire Station #5
804 79th Avenue North, Myrtle Beach, SC 29577
POC: Dan Farrar (843-360-1366)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly
Rodent Service	As Needed

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Rodent Service: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Fire Station #6
970 38th Avenue North, Myrtle Beach, SC 29577
POC: Andy McClellan (843-997-6675)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly
Rodent Service	As Needed

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Rodent Service: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Chapin Memorial Library
400 14th Avenue North, Myrtle Beach, SC 29577
POC: Gale Chestnut (843-918-1278)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control (includes bed bugs)	Monthly
Termite Treatment	Yearly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

_____ A termite bond will be required at some point over the course of the next five (5) years.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Treatment: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Bond (if needed): \$_____

Offeror Signature: _____

Offeror Name: _____

Facility Name: Myrtle Beach Historic Colored School
900 Dunbar Street, Myrtle Beach, SC 29577
POC: April Johnson (843-918-1061)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Monthly
Termite Treatment	Yearly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

_____ A termite bond will be required at some point over the course of the next five (5) years.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Treatment: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Bond (if needed): \$_____

Offeror Signature: _____

Offeror Name: _____

Facility Name: Train Depot
850 Broadway Street, Myrtle Beach, SC 29577
POC: Blake Goss (843-918-4906)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control (includes both train cars)	Monthly
Termite Treatment (includes both train cars)	Yearly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

_____ A termite bond will be required at some point over the course of the next five (5) years.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Treatment: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Bond (if needed): \$_____

Offeror Signature: _____

Offeror Name: _____

Facility Name: Crabtree Memorial Gymnasium
1004 Crabtree Lane, Myrtle Beach, SC 29577
POC: Rob Cardella (843-918-2359)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Purchasing Division
3231 Mr. Joe White Avenue, Myrtle Beach, SC 29577
POC: Gina Hanzel (843-918-2176)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control (includes warehouse)	Quarterly
Termite Treatment (includes warehouse)	Yearly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

_____ A termite bond will be required at some point over the course of the next five (5) years.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Treatment: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Bond (if needed): \$_____

Offeror Signature: _____

Offeror Name: _____

Facility Name: City Services Building
921 North Oak Street, Myrtle Beach, SC 29577
POC: Wanda Bodine (843-918-1188)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly
Termite Treatment	Yearly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

_____ A termite bond will be required at some point over the course of the next five (5) years.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Treatment: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Bond (if needed): \$_____

Offeror Signature: _____

Offeror Name: _____

Facility Name: Vehicle Maintenance Division
 3231 Mr. Joe White Avenue, Myrtle Beach, SC 29577
 POC: Kim Owings (843-918-2198)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly
Termite Treatment	Yearly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

_____ A termite bond will be required at some point over the course of the next five (5) years.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Treatment: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Bond (if needed): \$_____

Offeror Signature: _____

Offeror Name: _____

Facility Name: General Robert H. Reed Recreation Center
800 Gabreski Lane, Myrtle Beach, SC 29577
POC: David Gleaton (843-918-2382)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Monthly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Mary C. Canty Recreation Center
971 Canal Street, Myrtle Beach, SC 29577
POC: Doc Moore (843-918-1475)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Monthly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: City Hall
973 Broadway Street, Myrtle Beach, SC 29577
POC: Becky Small (843-918-1216)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: City Hall Annex
605 Tenth Avenue North, Myrtle Beach, SC 29577
POC: Becky Small (843-918-1216)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly
Termite Treatment	Yearly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

_____ A termite bond will be required at some point over the course of the next five (5) years.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Treatment: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Bond (if needed): \$_____

Offeror Signature: _____

Offeror Name: _____

Facility Name: Doug Shaw Stadium
705 33rd Avenue North, Myrtle Beach, SC 29577
POC: Dennis Sheehan (843-918-2348)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Insurance and Risk Services
517 Ninth Avenue North, Myrtle Beach, SC 29577
POC: Shelley Rowe (843-918-1214)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Grand Park Fields 1/2/3 Concessions
1011 Crabtree Lane, Myrtle Beach, SC 29577
POC: Chris Lindstrom (843-918-1238)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Monthly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Grand Park Fields 4/5/6/7 Concessions
1003 Crabtree Lane, Myrtle Beach, SC 29577
POC: Chris Lindstrom (843-918-1238)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Monthly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Grand Park Fields 8/9 Concessions
870 Emmens Avenue, Myrtle Beach, SC 29577
POC: Chris Lindstrom (843-918-1238)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Monthly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Grand Park Fields 10/11 Concessions
1050 Forbus Court, Myrtle Beach, SC 29577
POC: Chris Lindstrom (843-918-1238)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Monthly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Police Substation
1170 Howard Parkway, Myrtle Beach, SC 29577
POC: Sgt. Troy Spivey (843-918-1393)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Employee Health Clinic
1170 Howard Parkway, Myrtle Beach, SC 29577
POC: Val Rosser (843-918-1007)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Thunderbolt Park
2290 Farrow Parkway, Myrtle Beach, SC 29577
POC: Holly Lee (843-918-2381)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Occupational Medicine Clinic
1517 North Kings Highway, Myrtle Beach, SC 29577
POC: Val Rosser (843-918-1007)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Ned Donkle Fields A/B/C Concession
704 33rd Avenue North, Myrtle Beach, SC 29577
POC: Chris Lindstrom (843-918-1238)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Monthly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Doug Shaw Concession
705 33rd Avenue North, Myrtle Beach, SC 29577
POC: Chris Lindstrom (843-918-1238)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Monthly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Ned Donkle Field F Concession
675 33rd Avenue North, Myrtle Beach, SC 29577
POC: Dennis Sheehan (843-918-2348)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Monthly (May through September only)

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: North Parks Shop
701 33rd Avenue North, Myrtle Beach, SC 29577
POC: Chad Hudson (843-918-2412)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly
Termite Treatment	Yearly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

_____ A termite bond will be required at some point over the course of the next five (5) years.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Treatment: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Bond (if needed): \$_____

Offeror Signature: _____

Offeror Name: _____

Facility Name: Ocean Woods Cemetery
2408 South Kings Highway, Myrtle Beach, SC 29577
POC: Kurt Klepper (843-429-1902)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly
Termite Treatment	Yearly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

_____ A termite bond will be required at some point over the course of the next five (5) years.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Treatment: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Bond (if needed): \$_____

Offeror Signature: _____

Offeror Name: _____

Facility Name: Pepper Geddings Recreation Center
3205 North Oak Street, Myrtle Beach, SC 29577
POC: Chris Millsaps (843-918-2287)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Monthly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Police Special Operations Building
1002 Carver Street, Myrtle Beach, SC 29577
POC: Lt. Seabrook Phillips (843-429-1361)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly
Termite Treatment	Yearly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

_____ A termite bond will be required at some point over the course of the next five (5) years.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Treatment: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Bond (if needed): \$_____

Offeror Signature: _____

Offeror Name: _____

Facility Name: Public Works Administration Building
 3210 Mr. Joe White Avenue, Myrtle Beach, SC 29577
 POC: Julie Meza (843-429-2010)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly
Termite Treatment	Yearly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

_____ A termite bond will be required at some point over the course of the next five (5) years.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Treatment: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Bond (if needed): \$_____

Offeror Signature: _____

Offeror Name: _____

Facility Name: Solid Waste Transfer Station Dayroom
3221 Mr. Joe White Avenue, Myrtle Beach, SC 29577
POC: Ed Marr (843-918-2287)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: South Parks Shop
974 Crabtree Lane, Myrtle Beach, SC 29577
POC: Rhonda Edge (843-918-2332)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Street Division Dayroom
3235 Mr. Joe White Avenue, Myrtle Beach, SC 29577
POC: Eric Norris (843-918-2018)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly
Termite Treatment	Yearly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

_____ A termite bond will be required at some point over the course of the next five (5) years.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Treatment: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Bond (if needed): \$_____

Offeror Signature: _____

Offeror Name: _____

Facility Name: Tennis Center Pro Shop
3302 Robert M. Grissom Parkway, Myrtle Beach, SC 29577
POC: Brad Anderson (843-918-2441)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Capital Projects Building
520 Thirteenth Avenue South, Myrtle Beach, SC 29577
POC: Debi Stratton (843-918-2352)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Rodent Service	Monthly
Pest Control	Quarterly
Termite Treatment	Yearly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

_____ A termite bond will be required at some point over the course of the next five (5) years.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Rodent Service: \$_____ per _____
(frequency)

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Treatment: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Bond (if needed): \$_____

Offeror Signature: _____

Offeror Name: _____

Facility Name: Charlie's Place (House and Hotel)
1420/1440 Carver Street, Myrtle Beach, SC 29577
POC: April Johnson (843-918-1061)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control	Quarterly
Termite Treatment	Yearly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

_____ A termite bond will be required at some point over the course of the next five (5) years.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Treatment: \$_____ per _____
(frequency)

Offeror Proposal Price for Termite Bond (if needed): \$_____

Offeror Signature: _____

Offeror Name: _____

Facility Name: South Field Maintenance Shop
881 Emmens Avenue, Myrtle Beach, SC 29577
POC: Dennis Sheehan (843-918-2348)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control (Ants/Mice)	Monthly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: Savannah's Playground Restrooms
1010 Crabtree Lane, Myrtle Beach, SC 29577
POC: Rhonda Edge (843-918-2332)

Note: The information listed for each location has been included only for the convenience of the Offeror. The City does not guarantee that the information provided is completely accurate. It shall be the responsibility of each Offeror to note any discrepancies found.

Current Service	Frequency
Pest Control (Spiders)	Monthly

Please indicate your response for this location:

_____ Building can be serviced according to established specifications listed above.

_____ Building can be serviced according to additional specifications.

If additional service specifications are necessary, please detail information below (attach additional sheet if necessary):

Offeror Proposal Price for Pest Control: \$_____ per _____
(frequency)

Offeror Signature: _____

Offeror Name: _____

Facility Name: All Locations

Current Service	Frequency
Emergency Service	Delivered within 24 hours of notification

Please indicate your response for this location:

_____ All buildings can be serviced according to established specifications listed above.

_____ Some buildings require a different time frame for emergency service.

If any building requires a different time frame for emergency service, please indicate which buildings and the reason for the different time frame below (attach additional sheet if necessary):

Offeror Proposal Price for Emergency Service: \$_____ per _____
(frequency)

Please note below a not-to-exceed percentage of price increase to be considered, if needed, should the contract be renewed for additional terms:

Second Year: _____% Applied to first year price(s)

Third Year: _____% Applied to second year price(s)

Fourth Year: _____% Applied to third year prices(s)

Fifth Year: _____% Applied to fourth year prices(s)

Offeror Signature: _____