



COMMISSIONERS

1st District Dave Oslund 2nd District Terry Turnquist 3rd District Greg Anderson

4th District Mike Warring 5th District Susan Morris

Government Center
555 18th Avenue SW
Cambridge, MN 55008
763-689-3859 - Phone
763-689-8226 - Fax

County Administrator
Julia Lines

Lindsey Giese
*Human Resources Director/
Deputy County Administrator*

Sharon Katka
Human Resources Generalist

Halee Turner
Administrative Assistant II

ISANTI COUNTY

2020-2021 SNOW REMOVAL SPECIFICATIONS FORM

To view site locations, contact Jeff Benting, Facilities Director
Phone: 763-689-8261 – Email: jeff.benting@co.isanti.mn.us

Requirements for Contractors:

1. Site locations will be plowed if snowfall is one (1) inch or more.
 - a. Site locations are as follows:
 - i. Site 1: Safety & Rescue – 455 18th Avenue SW, and Jail - 509 18th Avenue SW, Cambridge, MN 55008.
 - ii. Site 2: Government Center – 555 18th Avenue SW, Cambridge, MN 55008.
 - iii. Site 3: Transit – 245 2nd Avenue SE, Cambridge, MN 55008
 1. All snow must be plowed at the 245 2nd Avenue SE site by 5:30 a.m., and as needed.
 2. Snow must be removed at time of plowing and hauled to the Isanti County Government Center (contact Jeff Benting for location).
 3. This site requires a separate invoice.
 - iv. Site 4: Family Services – 1700 East Rum River Drive S, Cambridge, MN 55008.
 - v. Site 5: Sheriff – 2440 Main Street S, Cambridge, MN 55008.
2. **If evening snowfall occurs, contractor must have all parking lots plowed by 7:00 a.m. (Site 2 by 5:30 a.m.)**
3. Stack snow in areas that will not damage fences, trees, shrubs, signs, lighting, etc.
4. The County Facilities Director or Building Maintenance Supervisor will contact the contractor when additional services are needed.
5. Invoices submitted for payment must be broken down by site, and list date and time of each service.

Equipment Needed	Cost (per hour/application)	
Plow Truck	\$	Per Hour
Skid Steer	\$	Per Hour
Dump Truck	\$	Per Hour
Salt/Sanding	\$	Per Application, Per Site
Sidewalks (if requested)	\$	Per Hour
Wheel Loader	\$	Per Hour

NAME OF COMPANY: _____

AUTHORIZED SIGNATURE: _____

DATE: _____

To be considered, all proposals must be submitted on this form, and must also include a Certificate of Insurance.

Equal Employment Opportunity/Affirmative Action