



# INVITATION FOR BID (IFB)

## PREBID MEETING SIGN-IN SHEET

IFB# SMITH AQUATIC CENTER INDOOR AIR QUALITY RENOVATIONS  
PROJECT/20-52  
Date: July 08, 2020 Time: 10:00 AM

Company Name: Downey & Scott, LLC  
 Representative Name: Bill Downey  
 Ph: 540 347 5001 Fax: 540 347 5021  
 Email: billd@downeyscott.com  
 SAP Vendor # CM Services for City  
 SWAM-O Yes  
 DBE \_\_\_\_\_

Company Name: AIR CONDITIONING EQUIPMENT SALES  
 Representative Name: LOUIS HITE  
 Ph: 804-357-8088 Fax: 804-264-4785  
 Email: LOUISEH@ACESHVAC.COM  
 SAP Vendor # \_\_\_\_\_  
 SWAM-O SWAM  
 DBE \_\_\_\_\_

Company Name: ETEC Mechanical  
 Representative Name: Carter Walker  
 Ph: 804-762-2022 Fax: \_\_\_\_\_  
 Email: cwalker@etecmechanical.com  
 SAP Vendor # \_\_\_\_\_  
 SWAM-O \_\_\_\_\_  
 DBE \_\_\_\_\_

Company Name: Etec MECHANICAL  
Representative Name: TRACE NIXON  
Ph: 804-401-0755 Fax: \_\_\_\_\_  
Email: tnixon@etecmechanical.com  
SAP Vendor # \_\_\_\_\_  
SWAM-O \_\_\_\_\_  
DBE \_\_\_\_\_

Company Name: COMFORT SYSTEMS, INC / WACO  
Representative Name: FRED D WILCOX  
Ph: 804-307-6927 Fax: 804-752-2947  
Email: FWilcox@COMFORTSYSTEMSINC.NET  
SAP Vendor # \_\_\_\_\_  
SWAM-O \_\_\_\_\_  
DBE \_\_\_\_\_

Company Name: Tolley Electric  
Representative Name: Michael Tolley  
Ph: 804 550-2660 Fax: \_\_\_\_\_  
Email: Mtolley@tolleyelectric.com  
SAP Vendor # \_\_\_\_\_  
SWAM-O \_\_\_\_\_  
DBE \_\_\_\_\_

Company Name: Advanced Enviro Solutions  
Representative Name: Dan Santalucia  
Ph: (804)-677-7752 Fax: \_\_\_\_\_  
Email: dan@AESresources.com  
SAP Vendor # \_\_\_\_\_  
SWAM-O   
DBE \_\_\_\_\_

Company Name: OUR DOMINION MECHANICAL  
Representative Name: JOHN BAILEY  
Ph: (804) 513-1487 Fax: \_\_\_\_\_  
Email: jbailey@odmva.com  
SAP Vendor # \_\_\_\_\_  
SWAM-O \_\_\_\_\_

Company Name: Colonial Webb  
Representative Name: Adam Worthy  
Ph: 540-717-3431 Fax: \_\_\_\_\_  
Email: adam.worthy@colonialwebb.com  
SAP Vendor # \_\_\_\_\_  
SWAM-O \_\_\_\_\_  
DBE \_\_\_\_\_

Company Name: \_\_\_\_\_  
Representative Name: \_\_\_\_\_  
Ph: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
SAP Vendor # \_\_\_\_\_  
SWAM-O \_\_\_\_\_  
DBE \_\_\_\_\_

Company Name: \_\_\_\_\_  
Representative Name: \_\_\_\_\_  
Ph: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
SAP Vendor # \_\_\_\_\_  
SWAM-O \_\_\_\_\_  
DBE \_\_\_\_\_