Exhibit “B”

El Dorado County Fire Safe Council

Defensible Space Evaluator Proposal Format

1. Contractor and/or Business Name:

2. Contractor and/or Business Address:

3. Contractor and/or Business Phone:

4. Contractor E-mail:

5. Contractor Contact Person:

6. Contractor Tax ID (EIN) Number:

7. Contractor License Number (if applicable):

8. Business License Number:

9. Insurance Provider, Policy Number and Coverage:

10. Relevant Experience:

11: References:

12. Acknowledgement that the Contractor will be paid monthly for work accomplished in the previous month.

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature Date