

| | | | | | |
|---|---|--|--|--|--|
| FORMAL QUOTATION #B-130067 | LEE COUNTY, FLORIDA TABULATION SHEET | | | | |
| OPENING DATE: DECEMBER 18, 2012 | FOR | | | | |
| BUYER: KATHY CICCARELLI | PUBLISHING THE DELINQUENT REAL ESTATE AND TANGIBLE PROPERTY TAX LIST | | | | |
| VENDORS | NEWS -PRESS MEDIA GROUP | | | | |
| Addenda Acknowledged | NA | | | | |
| (1) PRICE PER ACCOUNT FOR THE DELINQUENT REAL ESTATE TAX LIST | \$0.70 | | | | |
| (2) PRICE PER ACCOUNT FOR THE DELINQUENT TANGIBLE PERSONAL PROPERTY TAX LIST | \$0.20 | | | | |
| (3) PRICE PER ACCOUNT FOR SUBSEQUENT DELINQUENT REAL ESTATE TAX LIST | \$1.25 | | | | |
| TO BE STARTED WITHIN ___ CALENDAR DAYS | 1/1/2013 | | | | |
| LOCAL VENDOR PREFERENCE | YES | | | | |
| MODIFICATIONS | NO | | | | |
| SIGNED | YES | | | | |
| LOCAL BUSINESS TAX ACCOUNT | 6407800 | | | | |
| DISADVANTAGE BUSINESS ENTERPRISE(DBE) | NO | | | | |
| WRITTEN RESPONSE FOR THE FOLLOWING QUESTIONS | | | | | |
| WHAT PROGRAMS AND PROCESSES ARE USED TO ENSURE DATA IS DISPLAYED CORRECTLY | YES | | | | |
| HOW WILL YOU HANDLE DISPLAYING DATA IN FIELDS | YES | | | | |
| WILL YOU USE PROPORTIONAL FONT OR NON-PROPORTIONAL FONT | PROPORTIONAL | | | | |
| HOW WILL THE MAXIMUM NUMBER OF CHARACTERS BE PUBLISHED IN THE ACCEPTABLE LAYOUT FORMAT AS DESCRIBED AND MEET THE ADVERTISING REQUIREMENTS OF PRINTED LINES, FONT, AND MAXIMUM CHARACTER LINE WIDTH | YES | | | | |

| | | | | | |
|---|---|--|--|--|--|
| FORMAL QUOTATION #B-130067 | LEE COUNTY, FLORIDA TABULATION SHEET | | | | |
| OPENING DATE: DECEMBER 18, 2012 | FOR | | | | |
| BUYER: KATHY CICCARELLI | PUBLISHING THE DELINQUENT REAL ESTATE AND TANGIBLE PROPERTY TAX LIST | | | | |
| VENDORS | NEWS -PRESS MEDIA GROUP | | | | |
| WHEN THE FIELD EXCEEDS THE MAXIMUM CHARACTER SIZE FOR THE PUBLICATION COLUMN, IF WRAPPING OR TRUNCATION WOULD OCCUR, HOW WOULD THE DATA BE SHOWN | YES | | | | |
| HOW WILL 6,500 OF EACH DELINQUENT PUBLICATION BE CIRCULATED WITHIN LEE COUNTY | YES | | | | |
| IMMIGRATION AFFIDAVIT | YES | | | | |
| INSURANCE | YES | | | | |
| SWORN AFFIDAVIT OF MINIMUM PAID CIRCULATION | YES | | | | |
| MEETS SPECIFICATIONS | YES | | | | |
| NO BIDS | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| POSTING TIME/DATE | | | | | |
| FROM: _____ / _____ | | | | | |
| UNTIL: _____ / _____ | | | | | |
| BY: | | | | | |