

| INFORMAL BID #B-140155   | LEE COUNTY, FLORIDA TABULATION SHEET |  |  |  |  |
|--|--------------------------------------|--|--|--|--|
| OPENING DATE: February 27, 2014  | FOR                                  |  |  |  |  |
| BUYER: Patrick T. Lewis Sr.  | PORTABLE TOILET RENTAL AND SERVICING |  |  |  |  |
|  | Primary                              | Secondary  |  |  |  |
|  | Allied Portables, LLC                | Blu Site Solutions of SW Florida Inc.  |  |  |  |
|  | Marlin Environmental                 | Seacoast Portable  |  |  |  |
| <b>VENDORS</b>   | DBA Hartigan Company                 | Sanitation, Inc.   |  |  |  |
|  | DBA A-1 Septic Service               |  |  |  |  |
| <b>Addenda Acknowledged</b>  | N/A                                  | N/A  |  |  |  |
| <b>Required Units:</b>   |                                      |  |  |  |  |
| Standard Unit Per Day  | \$55.00                              | * \$69.00  |  |  |  |
| Standard Unit Per Week   | \$55.00                              | * \$69.00  |  |  |  |
| Standard Unit Per Month  | \$55.00                              | \$69.00  |  |  |  |
| Handicap Unit Per Day  | \$75.00                              | \$102.00   |  |  |  |
| Handicap Unit Per Week   | \$75.00                              | \$102.00   |  |  |  |
| Handicap Unit Per Month  | \$75.00                              | \$102.00   |  |  |  |
| Handwashing Station Per Day  | \$65.00                              | \$102.00   |  |  |  |
| Handwashing Station Per Week   | \$65.00                              | \$102.00   |  |  |  |
| Handwashing Station Per Month  | \$65.00                              | \$102.00   |  |  |  |
| <b>Option A-Upgraded Units</b>   |                                      |  |  |  |  |
| Non-Handicap Per Day   | \$75.00                              | \$80.00  |  |  |  |
| Non-Handicap Per Week  | \$75.00                              | \$80.00  |  |  |  |
| Non-Handicap Per Month   | \$75.00                              | \$80.00  |  |  |  |
| Handicap Unit Per Day  | \$85.00                              | \$102.00   |  |  |  |
| Handicap Unit Per Week   | \$85.00                              | \$102.00   |  |  |  |
| Handicap Unit Per Month  | \$85.00                              | \$102.00   |  |  |  |
| <b>Minimum Order Quantity (If Any)</b>                                   | 1                                    | 1  |  |  |  |
| Is your firm interested in being considered for local vendor preference? | N/A                                  | Yes  |  |  |  |
| Will you deliver with your own vehicle                                   | Yes                                  | Yes  |  |  |  |
| Started within ___ calendar days   | 1                                    | 1  |  |  |  |
| Modifications  | No                                   | No   |  |  |  |
| Signed   | Yes                                  | Yes  |  |  |  |
| Local Business Tax Account Number  | 8802847                              | 8100400  |  |  |  |
| Disadvantage Business Enterprise (DBE)                                   | Left Blank                           | N/A  |  |  |  |
| Immigration Affidavit  | Yes                                  | Yes  |  |  |  |
| Meets Specifications   | Yes                                  | Yes  |  |  |  |
|  |                                      | * Please note our per day & per week rates assume the unit will only be required for one day or one week |  |  |  |
| <b>NO BIDS</b>   |                                      |  |  |  |  |
| <b>POSTING TIME/DATE</b>   |                                      |  |  |  |  |
| FROM: _____ / _____  |                                      |  |  |  |  |
| UNTIL: _____ / _____   |                                      |  |  |  |  |
| BY:  |                                      |  |  |  |  |