

**EXHIBIT A - COST PROPOSAL – REVISED 9-28-22**

All offers must be submitted on this form with your best price for the goods/services described herein. All items must be bid to be considered responsive. If "other fees/charges" are included, describe and itemize costs on a separate page. Additional pages may be submitted with the quotation to support proposed solution and costs.

Item	Description	Unit of Measure (UOM)	Total Cost U.S. Dollars
1	<b>Towing:</b> passenger cars, motorcycles, and pickups without campers and all other vehicles rated at less than one ton	Per Each	
2	<b>Towing:</b> recreational vehicles, travel trailers, toy haulers	Per Each	
3	<b>Towing:</b> vehicles rated at one ton to two tons, whether loaded or unloaded, and vehicles with campers	Per Each	
4	<b>Towing:</b> vehicles rated at more than two tons, whether loaded or unloaded: Price includes towing of truck only	Per Each	
5	<b>Disposal of abandoned, unclaimed, and/or hazardous recreation vehicles, travel trailers, toy haulers</b>	<b>Per Each</b>	
6	Dolly use	Per Each	
7	Recovery Rate – per hour charge to be charged in quarter hour intervals after the first ½ hour.	Per Quarter Hour	
8	Outdoor storage (based on any part of a 24-hour calendar day)	Per Day	
9	Indoor storage (at request of police department and based on any part of a 24-hour calendar day)	Per Day	
10	After-Hours Release	Per Each	
11	Other Related Costs/Fees		

Describe special conditions or costs:

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List special equipment or services your company may provide:

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List your availability and response time for service calls:

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I, hereby certify, that the undersigned is authorized to represent the firm stated below, and empowered to submit this proposal and if selected, agrees to furnish all services in accordance with the RFP and addenda. In addition, all City of Albany project requirements, including insurance, have been reviewed and are incorporated in this Cost Proposal.

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor's Name (please print) \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_