

CITY OF OWOSSO BID TABULATION SHEET

12/10/2024

DPW

SUBJECT: 2025 3 Year Portable Toilets

**Kincaid's Septic and Portables**  
 10283 Reid Rd  
 Swartz Creek, MI 48473  
 810-655-6835

**Jay's Septic**  
 2787 Greenwood Rd  
 Lapeer, MI 48446  
 810-664-8080

**Sloans Septic Tank Service**  
 16101 W Brady Rd  
 Oakley, MI 48649  
 989-845-6280

ITEM #	DESCRIPTION	QTY	Unit	Unit Price 5/1/25 - 10/30/25	Unit Price 5/1/26 - 10/30/26	Unit Price 5/1/27 - 10/30/27	Unit Price 5/1/25 - 10/30/25	Unit Price 5/1/26 - 10/30/26	Unit Price 5/1/27 - 10/30/27	Unit Price 5/1/25 - 10/30/25	Unit Price 5/1/26 - 10/30/26	Unit Price 5/1/27 - 10/30/27
1	Regular - Bennett Field Empty once per week	1	EA	\$ 145.00	\$ 145.00	\$ 145.00	\$ 130.00	\$ 133.00	\$ 136.00	\$ 141.00	\$ 148.00	\$ 155.00
2	Regular - Collamer Park Empty once per week	1	EA	\$ 145.00	\$ 145.00	\$ 145.00	\$ 130.00	\$ 133.00	\$ 136.00	\$ 141.00	\$ 148.00	\$ 155.00
3	Handicap - Collamer Park Empty once per week	1	EA	\$ 200.00	\$ 200.00	\$ 200.00	\$ 170.00	\$ 173.00	\$ 176.00	\$ 186.00	\$ 195.00	\$ 205.00
4	Handicap - Amphitheater Empty once per week Located on concrete pad	1	EA	\$ 200.00	\$ 200.00	\$ 200.00	\$ 170.00	\$ 173.00	\$ 176.00	\$ 186.00	\$ 195.00	\$ 205.00
5	Handicap - Bentley Park Empty twice weekly Located on concrete pad	1	EA	\$ 300.00	\$ 300.00	\$ 300.00	\$ 340.00	\$ 343.00	\$ 346.00	\$ 372.00	\$ 390.00	\$ 410.00
6	Regular-Harmon Patridge Park Empty twice weekly on Friday & Monday By Pavilion #1	1	EA	\$ 245.00	\$ 245.00	\$ 245.00	\$ 260.00	\$ 263.00	\$ 266.00	\$ 282.00	\$ 296.00	\$ 310.00
7	Handicap-Harmon Patridge Park Empty twice weekly on Friday & Monday in Parking lot	1	EA	\$ 300.00	\$ 300.00	\$ 300.00	\$ 340.00	\$ 343.00	\$ 346.00	\$ 372.00	\$ 390.00	\$ 410.00
<b>Total:</b>				<b>\$ 1,535.00</b>	<b>\$ 1,535.00</b>	<b>\$ 1,535.00</b>	<b>\$ 1,540.00</b>	<b>\$ 1,561.00</b>	<b>\$ 1,582.00</b>	<b>\$ 1,680.00</b>	<b>\$ 1,762.00</b>	<b>\$ 1,850.00</b>

DEPT HEAD												
				<b>General Liability Insurance</b>			<b>AWARDED:</b>					
				Expiration Date:								
PURCH. AGENT:				<b>Workers Compensation Insurance</b>			<b>COUNCIL APPROVED:</b>					
				Expiration Date:								
STAFF REC.:				<b>Sole Proprietorship</b>			<b>PO NUMBER:</b>					
				Expiration Date:								