

## Bid Opening Results For:

BID NUMBER	23140
BID OPENING	12/4/2018 11:00:00 AM
GROUP NUMBER	79004
CONTACT PERSON	Anthony Montes
TELEPHONE	(518) 473-1354

### DESCRIPTION

Moving Services  
(Statewide)

Pursuant to State Finance Law § 139-j and § 139-k, the following individuals have been added as designated contacts for the above referenced solicitation.

**MWBE**

Lori Broadhead  
Ashley Pallone  
Alice Roberson  
Tryphina Ramsey  
MWBE@ogs.ny.gov

**Insurance**

Suean McLaughlin, suean.mclaughlin@ogs.ny.gov  
Robert Hall, robert.hall@ogs.ny.gov  
Robert Marriott, robert.marriott@ogs.ny.gov  
Leighann Brown, leighann.brown@ogs.ny.gov

**SDVOB**

Anthony Tomaselli  
Calisia Humphries  
veteransdevelopment@ogs.ny.gov



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Invitation for Bids (Revised November 27, 2018)

<b>BID OPENING</b> DATE: December 4, 2018 TIME: 11:00 A.M. EST INVITATION FOR BIDS NUMBER: <b>23140</b>	<b>TITLE: Group 79004 – MOVING SERVICES (STATEWIDE)</b>  Classification Codes: 78
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**CONTRACT PERIOD:** 5 Years

**DESIGNATED CONTACTS:** In accordance with the Procurement Lobbying Law [State Finance Law § 139-j(2)(a)], the following individuals are the Designated Contacts for this Solicitation. All questions relating to this Solicitation must be addressed to the Designated Contacts.

Email Address: Anthony.Montes@ogs.ny.gov

Tony Montes Contract Management Specialist 2 Telephone No. (518) 473-1354 E-mail address: Anthony.Montes@ogs.ny.gov	Jose DeAndres Team Leader Telephone No. (518) 474-3024 E-mail address: Jose.DeAndres@ogs.ny.gov
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<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i>	<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i>
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Legal Business Name of Company Bidding:  
Arnoff Moving and Storage, Inc.

D/B/A – Doing Business As (if applicable):

Street 1282 Dutchess Turnpike	City Poughkeepsie	State NY	County Dutchess	Zip Code 12603
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E-mail Address: dan@arnoff.com	Company Web Site: www.Arnoff.com
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If applicable, place an "x" in the appropriate box(es) (check all that apply)

<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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If you are not bidding, place an "x" in the box and return this page only.

WE ARE NOT BIDDING AT THIS TIME BECAUSE:

**FOR PROCUREMENT SERVICES USE ONLY**

LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input type="checkbox"/>		Documented by: _____

Handwritten signature/initials



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<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i> 112852103	<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i> 1000000620			
Legal Business Name of Company Bidding: Business Relocation Services, Inc.				
D/B/A – Doing Business As (if applicable):				
Street 260 Beach 138 <sup>th</sup> STREET	City ROCKAWAY PARK	State NY	County QUEENS	Zip Code 11694
E-mail Address: jesus.linaces@brsrelocations.com jlinaces@brsmove.com		Company Web Site: WWW.brsmove.com		

If applicable, place an "X" in the appropriate box(es) (check all that apply)

<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input checked="" type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i> 16-1273741	<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i> 1000003584
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Legal Business Name of Company Bidding:  
Champion Moving and Storage, Inc.

D/B/A – Doing Business As (if applicable):

Street 100 Owens Road	City Brockport	State NY	County Monroe	Zip Code 14420
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E-mail Address: cmsinc@champion-moving.com	Company Web Site: www.champion-moving.com
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If applicable, place an "x" in the appropriate box(es) (check all that apply)

<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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*DR*



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<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i>	<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i>
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Legal Business Name of Company Bidding: Clark Moving & Storage

D/B/A – Doing Business As (if applicable):

Street 3680 Buffalo Road	City Rochester	State NY	County Monroe	Zip Code 14624
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E-mail Address: <a href="mailto:jwoons@clarkmoving.com">jwoons@clarkmoving.com</a>	Company Web Site: Clarkmoving.com
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If applicable, place an "x" in the appropriate box(es) (check all that apply)

<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input checked="" type="checkbox"/> NYS Women Owned Business
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PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input type="checkbox"/>		Documented by: _____

*No Electronic*

*J.R.*



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<b>Bidder's Federal Tax Identification Number:</b> (Do Not Use Social Security Number) <b>45-0500097</b>	<b>NYS Vendor Identification Number:</b> (See New York State Vendor File Registration Clause) <b>1000009368</b>			
Legal Business Name of Company Bidding: <b>COLLIGAN MOVING SYSTEMS</b>				
D/B/A – Doing Business As (if applicable): <b>COOK COLLIGAN MOVING SYSTEMS</b>				
Street <b>1845 DALE ROAD</b>	City <b>BUFFALO</b>	State <b>NY</b>	County <b>ERIE</b>	Zip Code <b>14225</b>
E-mail Address: <b>SCASSETY@COLLIGANMOVING.COM</b>		Company Web Site: <b>WWW.COLLIGANMOVING.COM</b>		

If applicable, place an "x" in the appropriate box(es) (check all that apply)

<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input type="checkbox"/>		Documented by: _____

*TR*



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<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i> Tax ID: 04-3614236	<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i> <b>1000005290</b>
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Legal Business Name of Company Bidding: CRS-Corporate Relocation Systems Inc.

D/B/A – Doing Business As (if applicable):

Street: 64-54 Maurice Avenue	City Maspeth	State NY	County Queens	Zip Code 11378
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E-mail Address: <a href="mailto:mvaroukas@crsmove.com">mvaroukas@crsmove.com</a>	Company Web Site: <a href="http://www.crsmove.com">www.crsmove.com</a>
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If applicable, place an "X" in the appropriate box(es) (check all that apply)

<input checked="" type="checkbox"/> NYS Small Business # Employees <b>35</b>	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input type="checkbox"/>		Documented by: _____

*TM*



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<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i> <b>16-1338395</b>	<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i> <b>1000003615</b>			
<b>Legal Business Name of Company Bidding:</b> <b>Delaney Worldwide, Inc.</b>				
<b>D/B/A – Doing Business As (if applicable):</b>				
<b>Street</b> <b>7045 Interstate Island Rd.</b>	<b>City</b> <b>Syracuse</b>	<b>State</b> <b>NY</b>	<b>County</b> <b>Onondaga</b>	<b>Zip Code</b> <b>13209</b>
<b>E-mail Address:</b> <b><a href="mailto:a.delaney@delaneyworldwide.com">a.delaney@delaneyworldwide.com</a></b>		<b>Company Web Site:</b> <b><a href="http://www.delaneyworldwide.com">www.delaneyworldwide.com</a></b>		

If applicable, place an "X" in the appropriate box(es) <i>(check all that apply)</i>			
<input checked="" type="checkbox"/> NYS Small Business 14 # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input checked="" type="checkbox"/> NYS Women Owned Business

If you are not bidding, place an "X" in the box and return this page only. <input type="checkbox"/> WE ARE NOT BIDDING AT THIS TIME BECAUSE:
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LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	CD/DVD <input checked="" type="checkbox"/>	SDHC CARD <input type="checkbox"/>	_____	Documented by: _____

DR





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<b>Bidder's Federal Tax Identification Number:</b> <small>(Do Not Use Social Security Number)</small> <i>16-1001010</i>		<b>NYS Vendor Identification Number:</b> <small>(See New York State Vendor File Registration Clause)</small> <i>1000046608</i>	
<b>Legal Business Name of Company Bidding:</b> <i>DIMON &amp; BACORN INC.</i>			
<b>D/B/A – Doing Business As (if applicable):</b>			
<b>Street</b> <i>93 Industrial Park Blvd.</i>	<b>City</b> <i>Elmira</i>	<b>State</b> <i>NY</i>	<b>County</b> <i>Chemung</i>
<b>Zip Code</b> <i>14901</i>		<b>E-mail Address:</b> <i>mdimon@dimonandbacorn.com</i>	
<b>Company Web Site:</b> <i>www.dimonandbacorn.com</i>			

If applicable, place an "x" in the appropriate box(es) (check all that apply)

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<b>Bidder's Federal Tax Identification Number:</b> (Do Not Use Social Security Number) <b>14 157 9996</b>	<b>NYS Vendor Identification Number:</b> (See New York State Vendor File Registration Clause) <b>100027485</b>			
Legal Business Name of Company Bidding: <b>Don's Moving &amp; Storage, Inc</b>				
D/B/A – Doing Business As (if applicable):				
Street <b>981 Broadway</b>	City <b>Albany</b>	State <b>NY</b>	County <b>Albany</b>	Zip Code <b>12207</b>
E-mail Address: <b>Glenn@dontsmovers.com</b>		Company Web Site: <b>www.dontsmovers.com</b>		

If applicable, place an "x" in the appropriate box(es) (check all that apply)			
<input checked="" type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business

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<b>Bidder's Federal Tax Identification Number:</b> <small>(Do Not Use Social Security Number)</small> <p style="text-align: center;">46 2485265</p>	<b>NYS Vendor Identification Number:</b> <small>(See New York State Vendor File Registration Clause)</small> <p style="text-align: center;">1100101366</p>			
<b>Legal Business Name of Company Bidding:</b> <p style="text-align: center;">Elate Moving LLC</p>				
<b>D/B/A – Doing Business As (if applicable):</b>				
<b>Street</b> <p style="text-align: center;">305 Broadway Floor 7</p>	<b>City</b> <p style="text-align: center;">New York</p>	<b>State</b> <p style="text-align: center;">NY</p>	<b>County</b> <p style="text-align: center;">New York</p>	<b>Zip Code</b> <p style="text-align: center;">10007</p>
<b>E-mail Address:</b> <p style="text-align: center;">sales@elatemoving.com</p>		<b>Company Web Site:</b> <p style="text-align: center;">elatemoving.com</p>		

If applicable, place an "x" in the appropriate box(es) (check all that apply)			
<input checked="" type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business

If you are not bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE NOT BIDDING AT THIS TIME BECAUSE:
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<b>FOR PROCUREMENT SERVICES USE ONLY</b>				
LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input checked="" type="checkbox"/>	_____	Documented by: _____

DR.



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Invitation for Bids (Revised November 27, 2018)

<b>BID OPENING</b> DATE: December 4, 2018 TIME: 11:00 A.M. EST INVITATION FOR BIDS NUMBER: <b>23140</b>	<b>TITLE: Group 79004 – MOVING SERVICES (STATEWIDE)</b>  Classification Codes: 78
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**CONTRACT PERIOD:** 5 Years

**DESIGNATED CONTACTS:** In accordance with the Procurement Lobbying Law [State Finance Law § 139-j(2)(a)], the following individuals are the Designated Contacts for this Solicitation. All questions relating to this Solicitation must be addressed to the Designated Contacts.

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--	--

<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i> 110754490	<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i> 1100220078
---	---

Legal Business Name of Company Bidding: Flatbush Moving Van Company

D/B/A – Doing Business As (if applicable):

Street: 830 E. Elizabeth Avenue	City: Linden	State: NJ	County: Union	Zip Code: 07036
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E-mail Address: joseph.liantonio@gmail.com	Company Web Site: www.flatbushmoving.com
--	--

If applicable, place an "x" in the appropriate box(es) (check all that apply)

<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input type="checkbox"/>		Documented by: _____

*Handwritten signature*



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<b>BID OPENING</b> <b>DATE:</b> December 4, 2018 <b>TIME:</b> 11:00 A.M. EST <b>INVITATION FOR BIDS NUMBER:</b> <b>23140</b>	<b>TITLE: Group 79004 – MOVING SERVICES (STATEWIDE)</b>  <b>Classification Codes: 78</b>
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---	--

<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i> 16-0912960	<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i> 1100068636
--	---

Legal Business Name of Company Bidding: Greater Syracuse Moving and Storage Co., Inc

D/B/A – Doing Business As (if applicable):

Street 6255 E. Taft Road	City North Syracuse	State NY	County ONON	Zip Code 13212
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E-mail Address: <a href="mailto:michellec@gsmoving.com">michellec@gsmoving.com</a>	Company Web Site:
---	-------------------

If applicable, place an "x" in the appropriate box(es) *(check all that apply)*

<input checked="" type="checkbox"/> NYS Small Business 35 # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input type="checkbox"/>		Documented by: _____

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# Invitation for Bids (Revised November 27, 2018)

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<b>CONTRACT PERIOD:</b> 5 Years			
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<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i> 11-2208848		<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i> 11-00004355	
<b>Legal Business Name of Company Bidding:</b> Liberty Moving & Storage Co, Inc.			
<b>D/B/A – Doing Business As (if applicable):</b>			
<b>Street</b> 350 MORELAND Rd	<b>City</b> COMMACK	<b>State</b> NY	<b>County</b> SUFFOLK
<b>E-mail Address:</b> MIKEJR@libertymoving.com		<b>Company Web Site:</b> www.libertymoving.com	
<b>Zip Code</b> 11725			

If applicable, place an "x" in the appropriate box(es) (check all that apply)

<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
--	---	---	--

If you are not bidding, place an "x" in the box and return this page only.

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LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages
PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input type="checkbox"/>		Documented by: <i>[Signature]</i>

2



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**CONTRACT PERIOD:** 5 Years

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<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i>	<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i>
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Legal Business Name of Company Bidding: **LINCOLN Moving & Storage of Buffalo Inc**

D/B/A – Doing Business As (if applicable):

Street <b>155 Great Arrow Ave</b>	City <b>Buffalo</b>	State <b>NY</b>	County <b>Erie</b>	Zip Code <b>14207</b>
--------------------------------------	------------------------	--------------------	-----------------------	--------------------------

E-mail Address: <b>Sbalcerzak@lincolnmoving.com</b>	Company Web Site: <b>LINCOLNMoving.com</b>
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If applicable, place an "X" in the appropriate box(es) (check all that apply)

<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input type="checkbox"/>		Documented by: _____

*Handwritten initials: JN*



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--	--

<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i>	<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i>
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Legal Business Name of Company Bidding:  
**McCollister's Transportation Group, Inc.**

D/B/A – Doing Business As (if applicable):

Street <b>Tucker Drive</b>	City <b>Poughkeepsie</b>	State <b>NY</b>	County <b>Dutchess</b>	Zip Code <b>12603</b>
-------------------------------	-----------------------------	--------------------	---------------------------	--------------------------

E-mail Address: <b>jianwu@mcollisters.com</b>	Company Web Site: <b>www.mccollisters.com</b>
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If applicable, place an "x" in the appropriate box(es) (check all that apply)

<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input type="checkbox"/>		Documented by: _____

*ML*





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# Invitation for Bids

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<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i> 83-0989757	<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i> 1100219670			
Legal Business Name of Company Bidding: Metro Relocation Solutions, Inc.				
D/B/A – Doing Business As (if applicable):				
Street 33 South Service Road,	City Jericho	State NY	County Nassau	Zip 11753
E-mail Address: <a href="mailto:david@metrorelo.com">david@metrorelo.com</a>		Company Web Site:		

If applicable, place an "x" in the appropriate box(es) *(check all that apply)*

<input checked="" type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input checked="" type="checkbox"/>		Documented by: _____

*J.R.*



# Invitation for Bids

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--	--

<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i> 83-0989757	<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i> 1100219670
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Legal Business Name of Company Bidding: Movin Solution, Inc.

D/B/A – Doing Business As (if applicable):

Street 1225 Franklin Ave	City Garden City	State NY	County Nassau	Zip 11530
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E-mail Address: ana@movinsolution.com	Company Web Site:
--	-------------------

If applicable, place an "x" in the appropriate box(es) (check all that apply)

<input checked="" type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input type="checkbox"/>		Documented by: _____

*J.R.*



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Tony Montes Contract Management Specialist 2 Telephone No. (518) 473-1354 E-mail address: <a href="mailto:Anthony.Montes@ogs.ny.gov">Anthony.Montes@ogs.ny.gov</a>	Jose DeAndres Team Leader Telephone No. (518) 474-3024 E-mail address: <a href="mailto:Jose.DeAndres@ogs.ny.gov">Jose.DeAndres@ogs.ny.gov</a>

<b>Bidder's Federal Tax Identification Number:</b> <small>(Do Not Use Social Security Number)</small> 16-0851656	<b>NYS Vendor Identification Number:</b> <small>(See New York State Vendor File Registration Clause)</small> 1000003341			
<b>Legal Business Name of Company Bidding:</b> Naglee Moving & Storage, Inc				
<b>D/B/A – Doing Business As (if applicable):</b>				
<b>Street</b> 1525 Grand Central Ave	<b>City</b> Elmira	<b>State</b> NY	<b>County</b> Chemung	<b>Zip Code</b> 14901
<b>E-mail Address:</b> <a href="mailto:dlinsecoff@naglee.com">dlinsecoff@naglee.com</a>		<b>Company Web Site:</b> <a href="http://www.naglee.com">www.naglee.com</a>		

If applicable, place an "X" in the appropriate box(es) (check all that apply)			
<input checked="" type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business

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LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input type="checkbox"/>		Documented by: _____



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<b>CONTRACT PERIOD: 5 Years</b>			
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<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i> <b>16-120-3463</b>		<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i> <b>1000028818</b>	
Legal Business Name of Company Bidding: <b>Rogers Service Group Inc</b>			
D/B/A <input checked="" type="checkbox"/> Doing Business As (if applicable):			
Street <b>245 Clinton Street</b>	City <b>Binghamton</b>	State <b>NY</b>	County <b>BROOME</b>
Zip Code <b>13905</b>		E-mail Address: <b>MZemanick@rogersservicegroup.com</b>	
Company Web Site: <b>WWW.rogersservicegroup.com</b>			

If applicable, place an "x" in the appropriate box(es) (check all that apply)

<input checked="" type="checkbox"/> NYS Small Business <b>68</b> # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input checked="" type="checkbox"/>		Documented by: _____

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<b>BID OPENING</b> <b>DATE:</b> December 4, 2018 <b>TIME:</b> 11:00 A.M. EST <b>INVITATION FOR BIDS NUMBER:</b> <p style="text-align: center;"><b>23140</b></p>		<b>TITLE: Group 79004 – MOVING SERVICES (STATEWIDE)</b>  <b>Classification Codes: 78</b>	
<b>CONTRACT PERIOD:</b> 5 Years			
<b>DESIGNATED CONTACTS:</b> In accordance with the Procurement Lobbying Law [State Finance Law § 139-j(2)(a)], the following individuals are the Designated Contacts for this Solicitation. All questions relating to this Solicitation must be addressed to the Designated Contacts.  <p style="text-align: center;">Email Address: <a href="mailto:Anthony.Montes@ogs.ny.gov">Anthony.Montes@ogs.ny.gov</a></p>			
<b>Tony Montes</b> Contract Management Specialist 2 Telephone No. (518) 473-1354 E-mail address: <a href="mailto:Anthony.Montes@ogs.ny.gov">Anthony.Montes@ogs.ny.gov</a>		<b>Jose DeAndres</b> Team Leader Telephone No. (518) 474-3024 E-mail address: <a href="mailto:Jose.DeAndres@ogs.ny.gov">Jose.DeAndres@ogs.ny.gov</a>	

<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i> <p style="text-align: center;"><b>82-1789137</b></p>		<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i>				
<b>Legal Business Name of Company Bidding:</b> <p style="text-align: center;"><b>Santiago Worldwide Moving &amp; Storage Inc.</b></p>						
<b>D/B/A – Doing Business As (if applicable):</b>						
<b>Street</b> <b>401 No. Middletown Rd.</b> <b>Bldg. 170, PO Box 67</b>		<b>City</b> <b>Pearl River</b>	<table border="1"> <tr> <td><b>State</b> <b>NY</b></td> <td><b>County</b> <b>Rckld</b></td> <td><b>Zip Code</b> <b>10965</b></td> </tr> </table>	<b>State</b> <b>NY</b>	<b>County</b> <b>Rckld</b>	<b>Zip Code</b> <b>10965</b>
<b>State</b> <b>NY</b>	<b>County</b> <b>Rckld</b>	<b>Zip Code</b> <b>10965</b>				
<b>E-mail Address:</b> <b>Giulio@SANTIAGOmoving.com</b>		<b>Company Web Site:</b> <b>www.santiegomoving</b>				

If applicable, place an "X" in the appropriate box(es) (check all that apply)

<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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If you are not bidding, place an "X" in the box and return this page only.

WE ARE NOT BIDDING AT THIS TIME BECAUSE:

**FOR PROCUREMENT SERVICES USE ONLY**

LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: _____ Documented by: _____
PURC. MEMO <input type="checkbox"/>	CD/DVD <input checked="" type="checkbox"/>	SDHC CARD <input type="checkbox"/>		

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# Invitation for Bids (Revised November 27, 2018)

<b>BID OPENING</b> DATE: December 4, 2018 TIME: 11:00 A.M. EST INVITATION FOR BIDS NUMBER: <b>23140</b>	TITLE: Group 79004 – MOVING SERVICES (STATEWIDE)  Classification Codes: 78
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**CONTRACT PERIOD:** 5 Years

**DESIGNATED CONTACTS:** In accordance with the Procurement Lobbying Law [State Finance Law § 139-j(2)(a)], the following individuals are the Designated Contacts for this Solicitation. All questions relating to this Solicitation must be addressed to the Designated Contacts.

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<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i> 14-1465618	<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i> 1000013797
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Legal Business Name of Company Bidding: Schaap Moving Systems Inc.

D/B/A – Doing Business As (if applicable):

Street <u>6 Brown Road</u>	City <u>Albany</u>	State <u>NY</u>	County <u>Albany</u>	Zip Code <u>12205</u>
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E-mail Address: john@g@schaapmoving.com      Company Web Site: www.schaapmoving.com

If applicable, place an "x" in the appropriate box(es) *(check all that apply)*

<input checked="" type="checkbox"/> NYS Small Business # Employees : <u>30</u>	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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If you are not bidding, place an "x" in the box and return this page only.  
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**FOR PROCUREMENT SERVICES USE ONLY**

LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input type="checkbox"/>		Documented by: _____

*Handwritten signature/initials*



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**CONTRACT PERIOD:**

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<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i> <b>11-3245451</b>	<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i> <b>1100101304</b>
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Legal Business Name of Company Bidding:  
**Sher-Del Transfer & Relocation Services, Inc.**

D/B/A – Doing Business As (if applicable):

Street <b>140 Varick Avenue</b>	City <b>Brooklyn</b>	State <b>NY</b>	County <b>Kings</b>	Zip Code <b>11237</b>
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E-mail Address: <b>eric@sherdeltransfer.com</b>	Company Web Site: <b>www.sherdeltransfer.com</b>
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If applicable, place an "x" in the appropriate box(es) *(check all that apply)*

<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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If you are not bidding, place an "x" in the box and return this page only.  
 **WE ARE NOT BIDDING AT THIS TIME BECAUSE:**

**FOR PROCUREMENT SERVICES USE ONLY**

LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input type="checkbox"/>		Documented by: _____



# Invitation for Bids (Revised November 27, 2018)

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--	--

<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i>	<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i>
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Legal Business Name of Company Bidding: *Smart Moving & Storage, Inc.*

D/B/A – Doing Business As (if applicable): *Smart Move*

Street <i>145 Saw Mill River Rd.</i>	City <i>Yonkers</i>	State <i>NY</i>	County <i>West</i>	Zip Code <i>10701</i>
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E-mail Address: <i>Smartmove.ny@aol.com</i>	Company Web Site:
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If applicable, place an "x" in the appropriate box(es) (check all that apply)

<input checked="" type="checkbox"/> NYS Small Business <i>30 # Employees 30</i>	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input type="checkbox"/>		Documented by: _____

*TR*





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<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i>	<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i>
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**Legal Business Name of Company Bidding:**  
*SUNRISE Office Services*

**D/B/A – Doing Business As (if applicable):**

<b>Street</b> <i>730 RICHMOND TERRACE</i>	<b>City</b> <i>SI</i>	<b>State</b> <i>NY</i>	<b>County</b> <i>RICHMOND</i>	<b>Zip Code</b> <i>10301</i>
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<b>E-mail Address:</b> <i>JOEC@SUNRISEoffice.net</i>	<b>Company Web Site:</b> <i>WWW.SUNRISEoffice.net</i>
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If applicable, place an "x" in the appropriate box(es) (check all that apply)

<input checked="" type="checkbox"/> <b>NYS Small Business</b> # Employees <i>48</i>	<input type="checkbox"/> <b>Service Disabled Veteran</b> Owned Business	<input type="checkbox"/> <b>NYS Minority Owned</b> Business	<input type="checkbox"/> <b>NYS Women Owned</b> Business
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LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input type="checkbox"/>		Documented by: _____

*J.R.*



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<b>Bidder's Federal Tax Identification Number:</b> (Do Not Use Social Security Number) 261094207	<b>NYS Vendor Identification Number:</b> (See New York State Vendor File Registration Clause) 1100180876			
Legal Business Name of Company Bidding: Total Relocation Services, LLC				
D/B/A – Doing Business As (if applicable):				
Street 436 Spencer Street	City Staten Island	State N.Y	County Richmond	Zip Code 10314
E-mail Address: Chrismarzo@totalrelo.services.com		Company Web Site: www.totalrelo.services.com		

If applicable, place an "x" in the appropriate box(es) (check all that apply)			
<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business

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<b>FOR PROCUREMENT SERVICES USE ONLY</b>				
LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: 1
PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input checked="" type="checkbox"/>		Documented by: [Signature]



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Legal Business Name of Company Bidding: TRISTATE MOVING SERVICES Inc.

D/B/A – Doing Business As (if applicable):

Street <u>1645 Sycamore Ave</u>	City <u>Bohemia</u>	State <u>NY</u>	County <u>Suffolk</u>	Zip Code <u>11714</u>
E-mail Address: <u>JCUMMING@TSMOVE.COM</u>		Company Web Site:		

If applicable, place an "x" in the appropriate box(es) (check all that apply)

<input checked="" type="checkbox"/> NYS Small Business # Employees <u>15</u>	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	CD/DVD <input type="checkbox"/>	SDHC CARD <input type="checkbox"/>		Documented by: _____

*DR*



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<b>Bidder's Federal Tax Identification Number:</b> <i>(Do Not Use Social Security Number)</i>	<b>NYS Vendor Identification Number:</b> <i>(See New York State Vendor File Registration Clause)</i>
--	---

Legal Business Name of Company Bidding: Your Hometown Mover LLC

D/B/A – Doing Business As (if applicable)

Street 92 S Ohioville Rd	City New Paltz	State NY	County Ulster	Zip Code 12561
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E-mail Address: jake@yourhometownmover.com jake@yourhometownmover.com	Company Web Site: www.yourhometownmover.com
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If applicable, place an "x" in the appropriate box(es) *(check all that apply)*

<input checked="" type="checkbox"/> NYS Small Business 22 # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
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LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	FLASH DRIVE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: _____
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*Handwritten signature/initials*