

PARCEL NO.	DESCRIPTION	ROLL NO	ODOMETER
RS-4-7	LEW'S MAN'S SHOP 113 N. RUSSELL OWNER: LEW GRESS		
RS-3-9	LEE TRAILER COMPANY 2716 N. VANCOUVER OWNER: HOWARD R. LEE		
A-3-19	GEORGE LEE ROOMING HOUSE 3213 N. VANCOUVER		
E-4-9	LYNN KIRBY FORD BODY SHOP 315 N. RUSSELL		
RS-2-1	MANNING BROS. GARAGE 2847 N. WILLIAMS OWNER: MARTIN MANNING	C.R. INGLE SERVICE STATION	
E-4-7	McGUIRE APARTMENTS 423 N. RUSSELL (4 PLEX) OWNER: FRANK McGUIRE		
RS-5-1	OREGON RUG & MATTRESS CO. 2651 N. VANCOUVER OWNER: RICHARD WALKER		
RS-4-8	JAMES PARKS DBA PAUL'S RESTAURANT 23 N. RUSSELL		
RS-4-8	PAUL'S COCKTAILS 19 N. RUSSELL OWNER: PAUL KNAULS		
RS-4-3	PHILBIN MFG. COMPANY 27 N. RUSSELL OWNER: GEORGE NEISZ		
R-15-3	ROBBIN'S INN (TAVERN) 3000 N. COMMERCIAL OWNER: HENRY LEHL	CR. HENRY LEHL	
A-2-4	SPRATLEN APARTMENTS 3100-3106 N. GANTENBEIN		
RS-2-3	ST. MARTIN'S DAY NURSERY 2805 N. WILLIAMS OPERATED BY: SOC. OF ST. VINCENT		
RS-4-9	THOMAS APARTMENTS 7 N. RUSSELL OWNER: CHARLES THOMAS		
8-9 & 10	TONY FORBES DBA BEGAN EQUIPMENT CO. (ARCO DEALER) 945 N. E. DEKUM		
RS-4-9	THOMAS SHINE PARLOR & BICYCLE SHOP 11 N. RUSSELL OWNER: CHARLES THOMAS		
RS-3-9	WALLACE BUILDING WRECKERS 2712 N. WILLIAMS OWNER: D.E. WALLACE		
RS-4-4	WALTON APARTMENTS 102 N. KNOTT OWNER: WILLIE WALTON		

Date \_\_\_\_\_

Name LYNN KIRBY FORD BODY SHOP Operation \_\_\_\_\_ Tel \_\_\_\_\_

Address 315 North Russell Opr/Mgr \_\_\_\_\_ R/Tel \_\_\_\_\_

Owner J. Lynn Kirby Address 2005 N.E. Union Tel 288-5211  
 (dealership location)

Attorney \_\_\_\_\_ Address \_\_\_\_\_ Tel \_\_\_\_\_

Other \_\_\_\_\_ Tel \_\_\_\_\_

Moved into project \_\_\_\_\_ Moved to above address \_\_\_\_\_

Lease \_\_\_\_\_ Sub-lease \_\_\_\_\_ Owns Equip. \_\_\_\_\_ Rental \_\_\_\_\_ Exp \_\_\_\_\_

Gas by \_\_\_\_\_ Elec by \_\_\_\_\_ Garbage by \_\_\_\_\_

Water \_\_\_\_\_ Heat by \_\_\_\_\_

No. Dwlg. Units -0- Aver. Ten. -0- Rent Range -0-

Future Plans \_\_\_\_\_

Space Requirements \_\_\_\_\_ Zone \_\_\_\_\_

Date	Notes	by
6-30-71	Spoke with Mr. Kirby about possible plans for future location of body shop. He indicated that new building under construction now at 1st and Broadway will not have facilities for a new body shop. He would like to have new location close to dealership building. Gave him referral of building on N. Mississippi next to Albina Corp. He said he would go by and look at it soon. I indicated we would pay relocation costs.	
11-1-71	Referred location at 1323 S. E. 6th to Lynn Kirby. He said he will look at building and see if it meets his purposes. May be a little too far away, but has possibilities.	
2-16-72	Met with Mr. Kirby at the body shop and went over relocation - see follow up letter dated 2-22-72.	
3-2-72	Mr. Kirby called - He will definitely do self-move which he assured me will be cheaper than commercial move. Re-emphasized necessity for 3 bids covering everything.	WSJ

RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: E4-9

Payable to: Lynn Kirby Ford Body Shop 3720.75  
Sabre Construction Company 3223.00 Amount

For: \_\_\_\_\_ RHP for Homeowners . . . . . \$ \_\_\_\_\_  
 \_\_\_\_\_ Incidental Expenses for Homeowners (if separate claim) . . . . \$ \_\_\_\_\_  
 \_\_\_\_\_ RHP for Tenants & Certain Others:  
     Rental: Total approved \$ \_\_\_\_\_; Annual amount. . . . . \$ \_\_\_\_\_  
     or Purchase: . . . . . \$ \_\_\_\_\_  
 \_\_\_\_\_ Fixed Moving Payment . . . . . \$ \_\_\_\_\_  
 \_\_\_\_\_ Dislocation Allowance. . . . . \$ \_\_\_\_\_  
 \_\_\_\_\_ Actual Moving Costs. . . . . \$ \_\_\_\_\_  
 \_\_\_\_\_ Storage Costs (if separate claim). . . . . \$ \_\_\_\_\_  
X \_\_\_\_\_ Business: Moving Expenses. . . . . \$ 6943.75  
 \_\_\_\_\_ Business: In Lieu Payment. . . . . \$ \_\_\_\_\_  
 \_\_\_\_\_ Business: Storage Costs. . . . . \$ \_\_\_\_\_  
 \_\_\_\_\_ Business: Loss of Property . . . . . \$ \_\_\_\_\_  
 \_\_\_\_\_ Business: Searching Expenses . . . . . \$ \_\_\_\_\_

Name of Client Lynn Kirby Ford Body Shop Less - \$ \_\_\_\_\_ \*

Move from 315 N. Russell Total \$ 6943.75

Accounting: Indicate symbol & Acct. No.  
E1501 Relocation Payment; \_\_\_\_\_ Project Cost \*( \_\_\_\_\_ )

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

Nº 495 EH

DATE August 9, 1972

PAY TO Sabre Construction Company

\$3,223.00

DOLLARS

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**  
 AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payment filed. (Lynn Kirby Ford) Move from 315 N. Russell (Parcel E-4-9)  Moving expenses - Business	\$3,223.00

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (EH) (Moving - Business)	\$3,223.00

*JMS*  
 CN.  
 SK.

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

Nº **493 EH**

DATE August 9, 1972

PAY TO **Lynn Kirby Ford Body Shop**

**\$3,720.75**

**DOLLARS**

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payment filed. Move from 315 N. Russell (Parcel E-4-9).  Moving expenses - Business	<u><b>\$3,720.75</b></u>

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (Moving - Business) (EH)	\$3,720.75

*Lynn Kirby Ford*

APPENDIX 23. GUIDELINES DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT (BUSINESS)

(For Local Agency Use Only)  DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT (BUSINESS)	NAME OF CONCERN Lynn Kirby Ford Body Shop
	NAME OF LOCAL AGENCY Portland Development Commission
	PROJECT OR PROGRAM IDENTIFICATION: Emanuel Hospital Project ORE. R-20

INSTRUCTIONS: Complete Block A, D, and E for all payments. Complete Block B if claim is for a payment in lieu of actual moving and related expenses. Complete Block C if claim is for a payment for actual moving and related expenses. Attach the completed form to the claim form(s) filed by the claimant. Attach an explanation of any difference in the amount claimed and the amount approved. NOTE: No claim for a relocation payment in excess of \$10,000 shall be paid without the prior concurrence of HUD.

A. BASIC INFORMATION

1. Claimant is (check one):  Business concern     Nonprofit organization     Farm operation
2. Date of HUD approval of project or program: April 23, 1971
3. Direct cause of displacement: Initiation of Negotiations to purchase Real Prop.
4. Date move started: 12/12/71 by PDC    5. Date move completed: 7/15/72
6. Date claim filed: 7/21/72    7. If applicable, date storage authorized: \_\_\_\_\_

B. PAYMENT IN LIEU OF ACTUAL MOVING AND RELATED EXPENSES

1. Is the business part of a commercial enterprise having another establishment in the same or similar business which is not being acquired?     Yes     No
2. Can the business be relocated without substantial loss of its existing patronage?  
State basis for agency determination:     Yes     No
3. Amount of payment
- a. Average annual net income:  
As reported by claimant: \$ \_\_\_\_\_ As verified by agency: \$ \_\_\_\_\_
- b. State basis for agency verification: \_\_\_\_\_
- c. Amount of payment: \$ \_\_\_\_\_ (If verified amount is less than \$2,500, payment shall be in the amount of \$2,500. If verified amount is more than \$10,000, payment shall be in the amount of \$10,000.)

C. PAYMENT FOR ACTUAL MOVING AND RELATED EXPENSES

Item	Amount claimed	Amount approved	Authorized Signature	Date
1. Moving expenses, including \$ covering storage	\$6949.75	\$6943.75		
2. Direct loss of property	\$	\$		
3. Searching expenses	\$	\$		
4. Total (Sum of Lines 1, 2, and 3)	\$6949.75	\$6943.75	//////	//////

D. CERTIFICATION: I certify that I have examined this claim, and have found it to be in accord with all applicable provisions of Federal Law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is approved and payment is authorized in the amount of \$ 6943.75.

8-8-72  
DATE

*[Signature]*  
Authorized Signature

E. RECORD OF PAYMENTS MADE

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
<u>8/9/72</u>	<u>495EH</u>	<u>\$3223.00</u>	<u>8/9/72</u>	<u>496EH</u>	<u>\$3720.75</u>

CLAIM FOR RELOCATION PAYMENT (BUSINESS)		PROJECT NAME (if applicable) Emanuel Hospital Project	
NAME, ADDRESS, AND ZIP CODE OF LOCAL AGENCY Portland Development Commission		PROJECT NUMBER ORE. R-20	
INSTRUCTIONS: Complete all items on this page except: If claim is for moving and related expenses as documented on Schedules A, B, and/or C, omit Block 12; if claim is for a payment in lieu of moving and related expenses as documented on Schedule D, omit Block 11. As used on this form the term "concern" includes business concerns, nonprofit organizations, and farm operations.			
NOTE: If claim exceeds \$10,000, the local agency must obtain HUD concurrence prior to making payment.			
1. NAME UNDER WHICH BUSINESS CONCERN CONDUCTS BUSINESS Lynn Kirby Ford Body Shop		3. NAME AND ADDRESS OF PERSON FILING THIS CLAIM ON BEHALF OF CONCERN (Include ZIP Code) Lynn Kirby 312 N.E. San Rafael Portland, Ore.	
2. LEGAL NAME OF BUSINESS Lynn Kirby Ford Body Shop		4. REAL ESTATE PARCEL NUMBER OF WHICH BUSINESS WAS LOCATED E-4-9	
5. ADDRESS(ES) IN PROJECT OR PROGRAM AREA OCCUPIED BY CONCERN PRIOR TO SUBMISSION OF THIS CLAIM.		6. ADDRESS PRESENTLY OCCUPIED BY CONCERN:	
Address(es)		a. Date move to this address started: 11/12/71	
315 N. Russell		b. Date move to this address completed: 7/15/72	
Dates Occupied		7. DID CONCERN DISCONTINUE BUSINESS? // Yes <input checked="" type="checkbox"/> No	
From To		If "Yes," state reason for discontinuing business:	
1968 July 15, 1972		Does concern plan to reestablish? // Yes // No	
8. FORM OF OPERATION (check one)		9. BUSINESS CONCERN (check one)	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Farm Owner <input type="checkbox"/> Farm Operator		FARM OPERATION NONPROFIT ORGAN. <input type="checkbox"/> Field Crops <input type="checkbox"/> Bus. Assn. <input type="checkbox"/> Fruit/Vegetable <input type="checkbox"/> Fraternal <input type="checkbox"/> Livestock/Animal <input type="checkbox"/> Civic/Social <input type="checkbox"/> Horticulture <input type="checkbox"/> Religious <input type="checkbox"/> Other <input type="checkbox"/> Professional <input type="checkbox"/> Other <input type="checkbox"/> Other	
10. TYPE OF CLAIM		11. AMOUNT OF BUSINESS RELOCATION CLAIM FOR MOVING AND RELATED EXPENSES	
This claim for reimbursement is:		a. Reimbursement for actual reasonable moving expenses (Attach completed Schedule A)	
<input type="checkbox"/> Initial		// Include storage costs 6949 75	
<input type="checkbox"/> Supplementary		b. Reimbursement for actual direct loss of tangible personal property (Attach completed Schedule B)	
<input checked="" type="checkbox"/> Final		c. Reimbursement for actual reasonable searching expenses (Attach completed Schedule C)	
		Total Amount Claimed \$6949 75	
12. PAYMENT IN LIEU OF MOVING AND RELATED EXPENSES. I certify that this business is not part of a commercial enterprise having another establishment not being acquired which is engaged in the same or similar business, and claim payment in the amount of \$_____.			

Signature of Owner or Agent

13. PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined \$10,000 or imprisoned not more than five years, or both."

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and the Schedules and information submitted herewith and made a part hereof have been examined and approved by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I (and, to the best of my knowledge, the concern indicated in Block 1) have not submitted any other claim for, or received, reimbursement or compensation for any item of loss or expense in this claim, that I (and, to the best of my knowledge, the concern indicated in Block 1) will not accept reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

7/21/72  
Date

*Lynn Kirby*  
Signature of Owner or Authorized Agent

Title

3. Amount previously received as relocation payment	Amount	For Local Agency Use
		Amount Approved
	\$	\$
4. Amount claimed herewith (Line 2 minus Line 3) ENTER THIS AMOUNT IN BLOCK A-1 ON LINE MARKED "STORAGE."	\$	\$

A-3. METHOD OF PAYMENT

<p>I have <u>not</u> paid the costs of the following services:</p> <p>( ) Cartage                      ( ) Bids/Estimates                  (X) Electrical Sabre            ( ) Storage                  ( ) Mechanical                ( ) Other</p> <p>The unpaid itemized invoices or bills are attached. In accordance with arrangements made (check one) ( ) in advance, (X) at this time, and with my consent, between the local agency and the mover and/or other contractors, I hereby request that the amounts due be paid directly to the appropriate contractor(s). <u>X</u> <u>JK</u>                  Initials</p>	<p>I have <u>paid</u> the costs of the following services:</p> <p>( ) Cartage                      ( ) Bids/Estimates                  ( ) Electrical                (X) <del>Storage</del> Towing                  ( ) Mechanical                (X) Other Telephone</p> <p>Itemized receipts or paid bills in the proper amounts are attached. I hereby request reimbursement. <u>X</u> <u>JK</u>                  Initials</p>
<p>This concern has conducted a self move and has incurred costs as evidenced by the attached itemized invoices, payroll sheets and other documentation. I hereby request reimbursement. <u>X</u> <u>JK</u>                  Initials</p>	<p>Signature constitutes certification of this Schedule and its attachments in accordance with and subject to the provisions of Item 13 on the "Claim for Relocation Payment (Business)" to which this Schedule A is an attachment.</p> <p><u>Stephen Kirby</u>                      7/21/72                  Signature of Owner or                      Date                  Authorized Agent</p>



APPENDIX 19. GUIDEFORM CLAIM FOR RELOCATION PAYMENT (BUSINESS)  
SCHEDULE A

SCHEDULE A. STATEMENT OF CLAIM FOR ACTUAL MOVING EXPENSES				NAME OF CONCERN	
A-1. SUPPORTING DATA - MOVING EXPENSES				Lynn Kirby Ford Body Shop	
Identification of Mover, Storage Company, and/or Other Contractors				For Local Agency Use	
Work and/or Service Performed	Name	Address (Zip Code)	Telephone No.	Amount Claimed	Amount Approved
Cartage				\$	\$
Self-move				3561.75	3561.75
Electrical and General	Sabre Construction Co.	P.O. Box 23066 Portland Ore, 97223	639-4141	3223.00	3223.00
<del>XXXXXX</del> Towing	Arrow	3455 S.E. 21st Portland, Ore.	233-5180	150.00	144.00
Other (List) Telephone	Pacific NW Bell	509 S.W. Oak St. Portland, Ore. 97204	224-6261	15.00	15.00
Preparation of Bids/Estimates					
Storage					
A-2. SUPPORTING DATA - STORAGE COSTS				TOTAL	\$6949.75
STORAGE PERIOD		MONTHS	3. Date property moved to storage:	DESCRIPTION OF PROPERTY STORED	
1. Total period (if this is not the final claim, enter estimate)			_____ , 19__	List each major item separately. Attach additional sheets as necessary to provide a complete listing, if a detailed storage manifest or warehouse receipt cannot be provided. (Storage costs compensable as a moving expense, must be reduced accordingly when items are removed from storage.)	
2. Period covered by this claim			_____ , 19__		
STORAGE COSTS					
		Amount	For Local Agency Use Amount Approved		
1. Monthly rate		\$	\$		
2. Total costs actually incurred (cumulative)		\$	\$		

[form continued on next page]

SUMMARY OF BIDS

100

Claimant: \_\_\_\_\_

	Bidder	Amount	Approval	Remarks
Moving	Greyhound	4804.80		
	Francis	4216.00		
	Barkers	4806.80		
	Self-Move	3561.75	✓	Lynn Kirby Ford
Storage GENERAL	Sabre	3223	etc ✓	
	Barker	3433		
	Apeco	3471		
<del>Electric</del> Towing	Arrow	12.50	2 wheels	
		20.00	No wheels	
	Gilbert	12.50		
		22.50		
	Speeds	12.00		
<del>Plumbing</del>				
Carpentry				
Signs				
<del>TELE</del>	Pac NW Bell	15.00	✓	

Total \* \* \* \* \* \$ \_\_\_\_\_

CONFIRMING MEMORANDUM

TO: Mr. Lynn Kirby, Kirby Ford  
N. E. Broadway at 1st, Portland, Oregon 97232

Telephone No. 288-5211 Customers Order No. \_\_\_\_\_

Tel. Co. Ord. No. \_\_\_\_\_ Issued \_\_\_\_\_ 19 \_\_\_\_

ADDITIONS OR CHANGES	Rate Per Month		Nonrecurring Charges	
	\$		\$	
<u>Move off-premises local 45 from present</u>				
<u>Body Shop address of 315 N. Russell</u>				
<u>to new address of 320 N. E. San Rafael</u>			15	00

*[Handwritten signature]*

DISCONNECTS	Rate Per Month	
	\$	

Net Difference in Monthly Billing Increase

Job Location and Remarks Decrease


PACIFIC NORTHWEST BELL TELEPHONE COMPANY

By J. L. Lach  
J. L. Lach  
Communications Consultant

Date \_\_\_\_\_ Title May 1 19 72

# Arrow Towing Service

MAIN ST. GARAGE 3455 SE 21ST AVENUE  
227-2513 WEST SIDE 223-4712

C 4942

EAST SIDE 233-5189  
233-5180

Your Order No. \_\_\_\_\_ Portland 2, Ore., 7 19 1972

From Kirby Ford Old Shop 315 N. Main

To Kirby Ford New Shop 370 N.E. Santa Fe

Make 12 Cars License Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Owner \_\_\_\_\_

Driver John Time Out \_\_\_\_\_ Time In \_\_\_\_\_

Quantity	Description	Amount
	LABOR	
	WINCHING	
	EXTRA MAN	
	CASH PAID OUT	
	PULL DRIVE-SHAFT OR DOLLY	
<u>11 units</u>	TOWING CHARGE <u>Disposal #</u>	<u>150 00</u>
	RE-TOW	
	STORAGE	

move 12 Autos from old shop to New As per Bill

**INVOICE**

©14

Received By \_\_\_\_\_

DUPLICATE

BID FOR MOVING BUSINESS CONCERNS  
AND NONPROFIT ORGANIZATIONS

Name: Lynn Kirby Ford  
Body & Parts Shop  
(Name of business concern requesting bid)

315 N. Russell  
(Present Address)

312 NE San Rafael  
(Relocation Address)

Bid Requested by: Mr. Lynn Kirby  
(Officer or Agent of Business Concern)

INSTRUCTIONS: This bid form must be used if State law or regulations do not prohibit the submission of a firm bid. If there is a prohibition, use the estimate form. This bid (original and 1 copy) must be mailed or otherwise presented to the Portland Development Commission for the bid opening time set by the Commission in consultation with the above-named business concern or nonprofit organization. The amount of the lowest proposal shall establish and become the maximum amount of allowable compensation through relocation payments by the Portland Development Commission. The business concern may award the contract(s) to any qualified contractor(s) it selects, but the maximum amount of allowable compensation by the Portland Development Commission shall not be changed.

Penalty for False or Fraudulent Statement. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies ... or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

-----

STATEMENT OF OFFICIAL OF BIDDING CONTRACTOR:

I, the undersigned having been selected by the party above named to submit a bid for certain services specified below as the Scope of Work of this bid, do declare: That, this bid is submitted in good faith and without intent to obtain reimbursement to which I am not, or will not be entitled; That, I have not been a party to any agreement whatever, with any other person to fix the price, or any part of the price, or to submit a sham or collusive proposal or bid; That, if this bid is accepted, the Scope of Work hereinafter described will be performed in an expeditious and thorough manner and the amount charged shall be reasonable, true and accurate; That, all statements contained in this bid are true to the best of my knowledge and belief and no portion of this agreement has been willfully falsified, altered, or omitted.

SCOPE OF WORK TO BE PERFORMED: (Please attach continuation sheets detailing work to be performed and/or inventory of all items to be moved; identify each sheet with information in upper left hand block of this form.)

CARPENTRY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CARTING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ELECTRICAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MECHANICAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER (Specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION:**

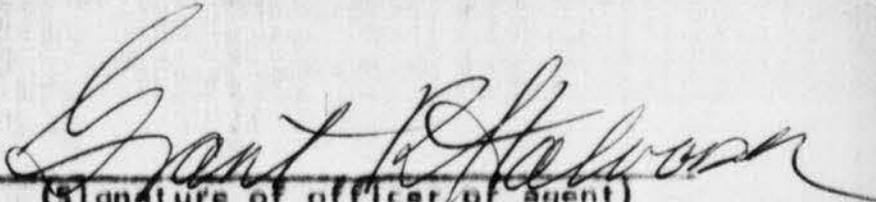
I, the undersigned, agree to perform the work described above for an amount not to exceed \$\_\_\_\_\_. I understand that this amount does not include the cost of new materials, for installation of new equipment or fixtures, or for the making of any alterations or additions to personal or real property, except as approved by the Agency and concurred in by the U.S. Department of Housing and Urban Development. I further understand that the total for moving expenses may not exceed the bid. I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true and correct.

Name of bidding contractor:

Arrow Towing Service

Address: 3455 SE 21

Portland, Oregon 97202

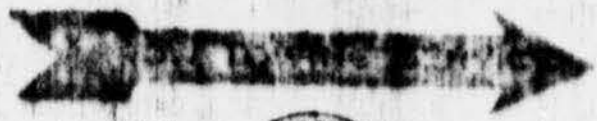
  
(Signature of officer of agent)

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

PHONE 484-4710  
481-8000

J. C. S. PENNIE

GRANT H. HALVORSEN  
PRESIDENT  
H. E. FRANK WILLEY  
MANAGER



Official  Service  
2475 S.W. 3rd  
1800 S.W. MONTGOMERY STREET  
PORTLAND, OREGON 97207

2-25-59

To Mrs. Nancy Paul

Expecting bid to move wrecker into house  
Nicky Paul. Body change to Nicky Paul New location  
1 unit for two wheels on ground \$12.50  
1 unit for two wheels on ground \$8.00

Grant H. Halvorsen  
H. E. Frank Willey

Request Arrow  
Towing Service  
Because Arrow  
Does Our Night  
Towing - Very Good

Love Kirby



BID FOR MOVING BUSINESS CONCERNS  
AND NONPROFIT ORGANIZATIONS

Name: Lynn Kirby Ford  
Body & Parts Shop  
(Name of business concern requesting bid)

315 N. Russell  
(Present Address)

312 NE San Rafael  
(Relocation Address)

Bid Requested by: Mr. Lynn Kirby  
(Officer or Agent of Business Concern)

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I, the undersigned having been selected by the party above named to submit a bid for certain services specified below as the Scope of Work of this bid, do declare: That, this bid is submitted in good faith and without intent to obtain reimbursement to which I am not, or will not be entitled; That, I have not been a party to any agreement whatever, with any other person to fix the price, or any part of the price, or to submit a sham or collusive proposal or bid; That, if this bid is accepted, the Scope of Work hereinafter described will be performed in an expeditious and thorough manner and the amount charged shall be reasonable, true and accurate; That, all statements contained in this bid are true to the best of my knowledge and belief and no portion of this agreement has been willfully falsified, altered, or omitted.

SCOPE OF WORK TO BE PERFORMED: (Please attach continuation sheets detailing work to be performed and/or inventory of all items to be moved; identify each sheet with information in upper left hand block of this form.)

CARPENTRY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CARTING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ELECTRICAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MECHANICAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER (Specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:**

I, the undersigned, agree to perform the work described above for an amount not to exceed \$\_\_\_\_\_. I understand that this amount does not include the cost of new materials, for installation of new equipment or fixtures, or for the making of any alterations or additions to personal or real property, except as approved by the Agency and concurred in by the U.S. Department of Housing and Urban Development. I further understand that the total for moving expenses may not exceed the bid. I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true and correct.

Name of bidding contractor:  
Arrow Towing Service  
Address: 3455 SE 21  
Portland, Oregon 97202

X Grant R. Holman  
(Signature of officer or agent)

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

PHONES: 223-4712  
227-3993

I. C. C. PERMIT

GRANT R. HALVORSEN  
PRESIDENT

H. E. "HANK" WHITNEY  
MANAGER



Official  Service  
3455 SE 91st  
1496 S. W. MONTGOMERY STREET  
PORTLAND, OREGON 97207

2-25-77

To Lynn Kirby Ford

Guaranteed Bid to move wrecked Autos from  
Kirby Ford Body shop to Kirby Ford New location.

1 unit Tow Two wheels on Ground \$17.50

1 unit Tow No wheels on Ground \$20.00

*Hank E. Whitney  
Mgr Arrow Towing*

BID FOR MOVING BUSINESS CONCERNS  
AND NONPROFIT ORGANIZATIONS

Name: Lynn Kirby Ford  
Body & Parts Shop  
(Name of business concern requesting bid)

315 N. Russell  
(Present Address)

312 NE San Rafael  
(Relocation Address)

Bid Requested by: Mr. Lynn Kirby  
(Officer or Agent of Business Concern)

INSTRUCTIONS: This bid form must be used if State law or regulations do not prohibit the submission of a firm bid. If there is a prohibition, use the estimate form. This bid (original and 1 copy) must be mailed or otherwise presented to the Portland Development Commission for the bid opening time set by the Commission in consultation with the above-named business concern or nonprofit organization. The amount of the lowest proposal shall establish and become the maximum amount of allowable compensation through relocation payments by the Portland Development Commission. The business concern may award the contract(s) to any qualified contractor(s) it selects, but the maximum amount of allowable compensation by the Portland Development Commission shall not be changed.

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STATEMENT OF OFFICIAL OF BIDDING CONTRACTOR:

I, the undersigned having been selected by the party above named to submit a bid for certain services specified below as the Scope of Work of this bid, do declare: That, this bid is submitted in good faith and without intent to obtain reimbursement to which I am not, or will not be entitled; That, I have not been a party to any agreement whatever, with any other person to fix the price, or any part of the price, or to submit a sham or collusive proposal or bid; That, if this bid is accepted, the Scope of Work hereinafter described will be performed in an expeditious and thorough manner and the amount charged shall be reasonable, true and accurate; That, all statements contained in this bid are true to the best of my knowledge and belief and no portion of this agreement has been willfully falsified, altered, or omitted.

SCOPE OF WORK TO BE PERFORMED: (Please attach continuation sheets detailing work to be performed and/or inventory of all items to be moved; identify each sheet with information in upper left hand block of this form.)

CARPENTRY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CARTING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ELECTRICAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MECHANICAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER (Specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:**

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Name of bidding contractor:

Gilbert's Towing Service

Address: 2104 N. Willis Blvd.

Portland, Oregon 97217

James L. Gaddis  
(Signature of officer or agent)

Date: 5-1-72

# GILBERT'S Towing Service

~~XXXXXXXXXXXX~~

285-2511

2104 N. WILLIS BLVD.

PORTLAND, OREGON 97217

April 6, 1972

Mr. Clyde Brown, Service Manager,  
Lynn Kirby Ford  
N E. Broadway at First  
Portland, Oregon 97212

Dear Mr. Brown;

Thank you for allowing us to submit a price quotation on the required towing Service in vacating your present body and paint shop located at 315 N. Russell. to the complex at NE San Rafael and NE Union Ave.

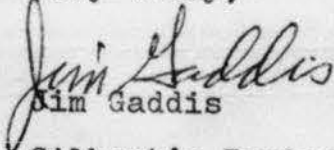
Our rates for this service, Mr. Brown, based on our published tariff:

A straight tow; \$12.50

A tow requireing the use of dolly equipment; \$10.00 in addition to the \$12.50.

Whenever we may be of service, please call.

Very truly,

  
Jim Gaddis

Gilbert's Towing & Storage Service

BID FOR MOVING BUSINESS CONCERNS  
AND NONPROFIT ORGANIZATIONS

Name: Lynn Kirby Ford  
Body & Parts Shop  
(Name of business concern requesting bid)

315 N. Russell  
(Present Address)

312 NE San Rafael  
(Relocation Address)

Bid Requested by: Mr. Lynn Kirby  
(Officer or Agent of Business Concern)

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\_\_\_\_\_  
\_\_\_\_\_

CARTING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

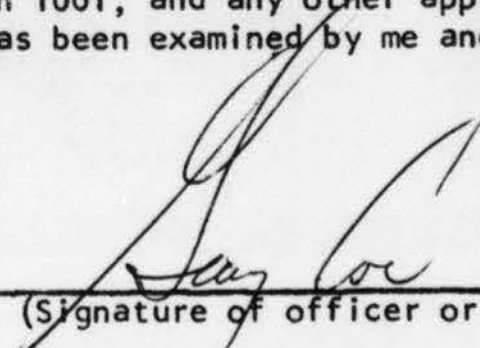
ELECTRICAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MECHANICAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER (Specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Name of bidding contractor:  
Speed's Towing  
Address: 34 NW Broadway at Couch  
Portland, Oregon

  
\_\_\_\_\_  
(Signature of officer or agent)  
Date: 5-2-72



223-7576

223-7525

# SPEEDS



TOWING

24 HOUR SERVICE

34 N.W. BROADWAY AT COUCH

MAKE OF CAR
LICENSE NO.

PURCHASE ORD. NO.
DRIVER NO. <i>Perry</i>

DATE 4/6/72

NAME *Kirby Ford*

FROM *315 N. Russell*  
 TO *NE Union Ave + San Rafael*

DESCRIPTION	AMOUNT
TOW	
RECOVERY OR WINCHING	
STORAGE	
RE-TOW	
SERVICE CALL	
PAID OUT	
<i>Move 10-15 cars</i>	
<i>\$1200 per car</i>	

2051

BID FOR MOVING BUSINESS CONCERNS  
AND NONPROFIT ORGANIZATIONS

Lynn Kirby Ford  
Name: Body & Parts Shop  
(Name of business concern requesting bid)

315 N. Russell  
(Present Address)

312 NE San Rafael  
(Relocation Address)

Bid Requested by: Mr. Lynn Kirby  
(Officer or Agent of Business Concern)

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CARPENTRY: \_\_\_\_\_  
\_\_\_\_\_

CARTING: \_\_\_\_\_  
\_\_\_\_\_

ELECTRICAL: \_\_\_\_\_  
\_\_\_\_\_

MECHANICAL: \_\_\_\_\_  
\_\_\_\_\_

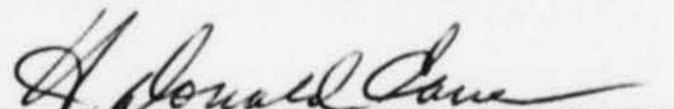
OTHER (Specify): \_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:**

I, the undersigned, agree to perform the work described above for an amount not to exceed \$ 4,804.80. I understand that this amount does not include the cost of new materials, for installation of new equipment or fixtures, or for the making of any alterations or additions to personal or real property, except as approved by the Agency and concurred in by the U.S. Department of Housing and Urban Development. I further understand that the total for moving expenses may not exceed the bid. I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true and correct.

Name of bidding contractor:  
Greyhound Storage

Address: \_\_\_\_\_  
Portland, Oregon

  
(Signature of officer or agent)

Date: 5/4/72

# ORDER FOR SERVICES—GREYHOUND STORAGE

FORM NO. 102

Name **LYNN KIRBY FORD** Tel. No. **288-5211** Requested Moving Date \_\_\_\_\_  
 Pickup Address **N. RUSSELL** Floor Apt. No. Delivery Address **NE BROADWAY AT 1ST.** Apt. No. Floor  
 City **PORTLAND** Zone State City **SAME** Zone State  
 Storage Warehouse Name \_\_\_\_\_ In Transit  Permanent

IMPORTANT—Shipper can be reached while goods are in transit or in permanent Storage at  
 Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_  
 c/o Hotel, Company, Relatives, etc.

Subject to the terms and conditions appearing on the reverse hereof and the rates current at the time of performance of services I hereby order the above services.

2 FROM \_\_\_\_\_ TO \_\_\_\_\_ MI. INVOICE  
 FROM **ENTIRE MOVING AND** MI. ATTENTION  
 FROM **ASSEMBLING OF PARTS** MI. STREET  
 FROM **HANGERS PLUS STOCKING** MI. CITY  
 TOTAL CALCULATED MILEAGE **OF SAME.** CHARGES AUTHORIZED BY \_\_\_\_\_  
 APPROVED MOVING DATE \_\_\_\_\_ C.O.D.  BILL  PREPAID

### RATE QUOTATIONS

3 LOCAL MOVES AND DRAYAGE				ESTIMATED COST	4 INTRA STATE MOVES AND S.I.T.				ESTIMATED COST
LOADING VAN AND MEN	HRS.	@ \$	PER HR.	<b>4804.80</b>	CU. FT.	TARIFF	PG.	<b>4804.80</b>	
UNLOADING VAN AND MEN	HRS.	@ \$	PER HR.		TO DEST.	LBS.	MI. @ CWT.		
DRIVING TIME	HRS.	@ \$	PER HR.		TO OR FROM WHSE.	LBS.	MI. @ CWT.		
MILEAGE	MI.	@ \$	PER MI.		Additional Transportation Charges For Restricted Areas:	LBS.	@ CWT.		
EXTRA LABOR MEN	HRS.	@ \$	PER HR.		EXTRA PICK-UP AND DELIVERY				
\$ TRANSIT INSURANCE @ \$			PER M		\$ TRANSIT INSURANCE @ \$		PER M		
PACKING AND WARDROBE CHARGES					S.I.T. FOR EA. 30 DAY PERIOD (NOT OVER 60 DAYS) @				
HEAVY ITEMS					PACKING AND WARDROBE CHARGES				
<input type="checkbox"/> PIANO <input type="checkbox"/> STOVE					OTHER CHARGES				
<input type="checkbox"/> DEEP FREEZE <input type="checkbox"/> REFRIGERATOR					OTHER CHARGES				
<b>TOTAL COST</b>				<b>TOTAL ESTIMATED COST</b>					
SIGNATURE ACKNOWLEDGES				SIGNATURE ACKNOWLEDGES					
AMOUNT PREPAID ONLY			DEPOSIT \$	AMOUNT PREPAID ONLY			DEPOSIT \$		
AGENT				AGENT					

5 PROVIDE PERMANENT STORAGE FOR				ESTIMATED COST	6 PACKING INSTRUCTIONS				
CU. FT.	MONTHLY RATE	PER CU. FT.		<b>4804.80</b>	PACKER	MATERIAL	EST.	MATERIAL	EST.
LABOR IN OR OUT	MEN HRS @ \$	PER HR.			BARRELS			CARTONS	
WRAPPING AND PALLETIZING					PACKING DATE			Not Over 1 1/2 CF	
PERMANENT STORAGE INSURANCE					PACKER SIGNATURE			Over 1 1/2 Not Over 3CF	
<b>TOTAL</b>								Over 3 Not Over 5CF	
					BOXES, WOOD — CF			Over 5 Not Over 7CF	
					CRATE — SIZE			Over 7 Not Over 10CF	
								MATTRESS	
								WARDROBES	

7 DECLARED RELEASED VALUE (ON LOCAL MOVES AND DRAYAGE AND INTRASTATE MOVES AND S.I.T.)  
 I (we) hereby declare valuation in excess of the limit set forth herein on the following: ARTICLE \_\_\_\_\_ EXCESS VALUE \_\_\_\_\_  
 The rate applicable on a shipment is dependent upon the released value as set out in current tariff, (on local moves not to exceed 30c per pound per article unless insurance coverage is ordered) therefore shippers are REQUIRED TO DECLARE IN WRITING the released value of the property stated in cents per pound, per article. The agreed or declared value of the property is hereby specifically stated to be not exceeding 30c per pound, per article.  
 I (we) hereby declare that the total sound value of my (our) property to be shipped via motor common carrier is \$ \_\_\_\_\_ at destination.  
 I (we) do [do not] desire transit insurance in the amount of \$ \_\_\_\_\_

GREYHOUND STORAGE—GREYHOUND VAN LINES, INC., AGENT DATE \_\_\_\_\_ OWNER'S SIGNATURE **X**

PRICE QUOTED IS ESTIMATE ONLY. ACTUAL CHARGES WILL BE COMPUTED IN ACCORDANCE WITH TARIFF, LOCAL RATES AND ACTUAL HOURS AND MILEAGE

BID FOR MOVING BUSINESS CONCERNS  
AND NONPROFIT ORGANIZATIONS

Name: Lynn Kirby Ford  
Body & Parts Shop  
(Name of business concern requesting bid)

315 N. Russell  
(Present Address)

312 NE San Rafael  
(Relocation Address)

Bid Requested by: Mr. Lynn Kirby  
(Officer or Agent of Business Concern)

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CARPENTRY: \_\_\_\_\_

\_\_\_\_\_

CARTING: \_\_\_\_\_

\_\_\_\_\_

ELECTRICAL: \_\_\_\_\_

\_\_\_\_\_

MECHANICAL: \_\_\_\_\_

\_\_\_\_\_

OTHER (Specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3561.75

**CERTIFICATION:**  
I, the undersigned, agree to perform the work described above for an amount not to exceed \$ 3543.75. I understand that this amount does not include the cost of new materials, for installation of new equipment or fixtures, or for the making of any alterations or additions to personal or real property, except as approved by the Agency and concurred in by the U.S. Department of Housing and Urban Development. I further understand that the total for moving expenses may not exceed the bid. I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true and correct.

Name of bidding contractor:  
Lynn Kirby Ford

Lynn Kirby  
(Signature of officer or agent)

Address: 2111 Grand & Hawthorne  
NE Broadway at 15th P.O. Box 17566  
Portland Ore 97212

Date: 5-5-72

BID FOR MOVING BUSINESS CONCERNS  
AND NONPROFIT ORGANIZATIONS

Name: Lynn Kirby Ford  
Body & Parts Shop  
(Name of business concern requesting bid)

315 N. Russell  
(Present Address)

312 NE San Rafael  
(Relocation Address)

Bid Requested by: Mr. Lynn Kirby  
(Officer or Agent of Business Concern)

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\_\_\_\_\_  
\_\_\_\_\_

CARTING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ELECTRICAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MECHANICAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER (Specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATION:

I, the undersigned, agree to perform the work described above for an amount not to exceed \$ 4806.80. I understand that this amount does not include the cost of new materials, for installation of new equipment or fixtures, or for the making of any alterations or additions to personal or real property, except as approved by the Agency and concurred in by the U.S. Department of Housing and Urban Development. I further understand that the total for moving expenses may not exceed the bid. I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true and correct.

Name of bidding contractor:

Barker's Auto Supply Inc.

Address: 4950 SE Foster Rd.

Portland, Oregon 97206

  
(Signature of officer or agent)

Date: 5-2-72



# BARKER'S AUTO SUPPLY, INC.

Wholesale Automotive Parts and Accessories

DELCO PRODUCTS • AUTOLITE PRODUCTS

4950 S.E. FOSTER ROAD  
PORTLAND, OREGON 97206

775-6771

March 29, 1972

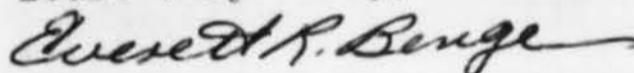
Lynn Kirby Ford  
N. E. First & Broadway  
Portland, Oregon

Bid to move Parts from 315 N. Russel to N. E. First & Broadway

Moving and Assembling of parts bins and parts hangers  
plus stocking parts

\$4806.80

Yours very truly,



Everett R. Bengel  
Barker's Auto Supply Inc.

BID FOR MOVING BUSINESS CONCERNS  
AND NONPROFIT ORGANIZATIONS

Name: Lynn Kirby Ford  
Body & Parts Shop  
(Name of business concern requesting bid)

315 N. Russell  
(Present Address)

312 NE San Rafael  
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Penalty for False or Fraudulent Statement. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies ... or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

STATEMENT OF OFFICIAL OF BIDDING CONTRACTOR:

I, the undersigned having been selected by the party above named to submit a bid for certain services specified below as the Scope of Work of this bid, do declare: That, this bid is submitted in good faith and without intent to obtain reimbursement to which I am not, or will not be entitled; That, I have not been a party to any agreement whatever, with any other person to fix the price, or any part of the price, or to submit a sham or collusive proposal or bid; That, if this bid is accepted, the Scope of Work hereinafter described will be performed in an expeditious and thorough manner and the amount charged shall be reasonable, true and accurate; That, all statements contained in this bid are true to the best of my knowledge and belief and no portion of this agreement has been willfully falsified, altered, or omitted.

SCOPE OF WORK TO BE PERFORMED: (Please attach continuation sheets detailing work to be performed and/or inventory of all items to be moved; identify each sheet with information in upper left hand block of this form.)

CARPENTRY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CARTING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ELECTRICAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MECHANICAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER (Specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:**

I, the undersigned, agree to perform the work described above for an amount not to exceed \$ 4,216.00. I understand that this amount does not include the cost of new materials, for installation of new equipment or fixtures, or for the making of any alterations or additions to personal or real property, except as approved by the Agency and concurred in by the U.S. Department of Housing and Urban Development. I further understand that the total for moving expenses may not exceed the bid. I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true and correct.

Name of bidding contractor:

Francis Ford

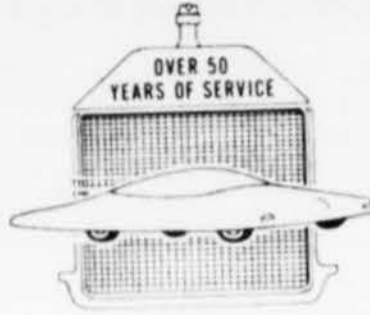
Address: SE Grand & Hawthorne

Portland, Oregon 97214

  
(Signature of officer or agent)

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

# Francis Ford



GRAND AVENUE & HAWTHORNE  
PORTLAND, OREGON 97214  
PHONE 236-1151

April 5, 1972

Lynn Kirby Ford  
N. E. Broadway & First  
Portland, Oregon

Bid on the following:

Move parts, bins, and shelving from 315 N. Russell and reassemble bins and restock parts at new location.

Estimate only: \$4,216.00

Very Truly yours,  
Francis Ford, Inc.

A handwritten signature in cursive script that reads "Mal Gates".

Mal Gates  
Parts Manager

MG:gl

Dept. Head  
Not on  
Salary  
regular

4/20/72  
(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 315 N. Russell  
to NE Broadway at First

NAME Wilmer Muth SOCIAL SECURITY NO. [REDACTED]  
ADDRESS NE Broadway at First TELEPHONE NO. 288 5211

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
11/12/71 thru 3/12/72	Supervision 216	4.50	972.00		

I, Wilmer Muth, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of Lynn Kirby Ford, Inc.  
(name of concern)

\_\_\_\_\_  
Signature of Employee

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

\_\_\_\_\_  
Signature of Claimant

Dept Head  
Not a  
Salary regular

4/20/72

(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from Dec. 4, 1971

to Dec. 20, 1971

NAME Clyde Brown SOCIAL SECURITY NO. [REDACTED]  
ADDRESS NE Broadway at First TELEPHONE NO. 288 5211

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
12/4/71 thru 12/20/71	Supervision 24	4.50	108.00		

I, Clyde Brown, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of Lynn Kirby Ford, Inc.  
(name of concern)

Clyde A Brown  
Signature of Employee

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

\_\_\_\_\_  
Signature of Claimant

4/20/72  
(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentleman:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 315 N. Russell

to NE Broadway at First

NAME Robert Mass

SOCIAL SECURITY NO. [REDACTED]

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
12/4/71	8½	4.50	38 <sup>v7</sup> 382 x 5#		

I, Robert Mass, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of Lynn Kirby Ford, Inc.  
(name of concern)

\_\_\_\_\_  
Signature of Employee

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

Lynn Kirby  
\_\_\_\_\_  
Signature of Employer

WEEKLY TIME SHEET

NAME: Robert Mares

POSITION: \_\_\_\_\_

DATE: 12-9-71

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_

HOURS WORKED AS SHOWN

TOTAL HOURS

DAYS	OUTSIDE				SHOP				TOTAL HOURS
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY	7:45						5:15		8 1/2
SUNDAY									

To move parts from 305 to Room 10  
to build parts and

TOTAL HOURS

8 1/2

Robert Mares  
EMPLOYEE SIGNATURE

Lydia Brown  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.



4/20/72

(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving  
of the undersigned claimant's inventory from 315 N. Russell

to NE Broadway at First

NAME M Earl S. Harriss

SOCIAL SECURITY NO. [REDACTED]

ADDRESS 10707 NE 42 Vancouver Wash 98665

TELEPHONE NO. [REDACTED]

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
11/12 - 11/18/71 11/19 - 11/27/71 1/4/72 1/12/72 3/11/72	92.0	\$4.50	414.00		

I, Earl S. Harriss, do hereby certify that I worked the number of hours  
and was paid as shown above, on the relocation of Lynn Kirby Ford, Inc.  
(name of concern)

\_\_\_\_\_  
Signature of Employee

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

Lynn Kirby  
Signature of Claimant

WEEKLY TIME SHEET

NAME: Carl Harris POSITION: \_\_\_\_\_ DATE \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY NOV 12	6.0	9.0							3.0
TUESDAY 13	8	5.5							8.5
WEDNESDAY 14	8	2.							6.0
THURSDAY 15	5.5	9.0							3.5
FRIDAY 16	6	9.5							3.5
SATURDAY 17	6	9.							3.0
SUNDAY 18	6	9.5							3.5

Time to move parts dept & build bus  
TOTAL HOURS FOR WEEK 31.0

Carl Harris  
EMPLOYEE SIGNATURE

[Signature]  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

WEEKLY TIME SHEET

NAME: Carl Harris POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY <i>No J 19</i>	6.	9.5							3.5
TUESDAY <i>20</i>	8.	6.							9.0
WEDNESDAY <i>21</i>	8.	5.5							8.5
THURSDAY <i>22</i>	5	9							4.0
FRIDAY <i>23</i>	8.	1.							5.0
SATURDAY <i>26</i>	9	5							8.0
SUNDAY <i>27</i>	8.5	1							4.5

*time to move parts dept and build bins* TOTAL HOURS FOR WEEK: *42.5*

*Carl Harris*  
EMPLOYEE SIGNATURE

*W. T. Smith*  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

246

WEEKLY TIME SHEET

NAME: Earl Skurvin POSITION: Lot. DATE: \_\_\_\_\_

The following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: 1-4 ENDING: \_\_\_\_\_  
Overtime

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY		
	IN	OUT	IN	OUT	IN	OUT	IN	OUT			
MONDAY											
TUESDAY					5:00	8:30					
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
SUNDAY											

*To move parts from 315 to Russell  
& build parts bins*

TOTAL HOURS FOR WEEK

5.0

Earl Skurvin  
EMPLOYEE SIGNATURE

[Signature]  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

WEEKLY TIME SHEET

NAME: EARL S HARRIS POSITION: PARTS DATE \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: 1-12-72 ENDING \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY									
TUESDAY									
WEDNESDAY					6:00	9:00			
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									

*To have part from 3:00  
H Russell & build part  
bins*

*OVER TIME PAY*

TOTAL HOURS FOR WEEK 4.07

*Earl S Harris*  
EMPLOYEE SIGNATURE

*[Signature]*  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

071  
WEEKLY TIME SHEET

NAME: Earl Starnin POSITION: Post Dept DATE: 3

The following is a true statement of hours worked for Lynn Kirby Ford Inc.

During the week beginning: 3-4-72 Ending: 3-11-72

HOURS WORKED AS SHOWN

DAYS	OUTSIDE						FLOOR						TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY	10 <sup>00</sup>	3 <sup>00</sup>					7 <sup>00</sup>	3 <sup>00</sup>					14
SUNDAY													

Remove post from 315 + Russell  
& back bond

TOTAL HOURS FOR WEEK

Earl Starnin  
EMPLOYEE SIGNATURE

W. J. Smith  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

4/20/72

(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 315 N. Russell

to NE Broadway at First

NAME William Mehrens

SOCIAL SECURITY NO. [REDACTED]

ADDRESS 6525 N. Campbell

TELEPHONE NO. \_\_\_\_\_

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
12/13 - 12/19/71 1/4 and 1/12, 1972 3/11/72	58.0	\$ 4.50	261.00		

I, William Mehrens, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of Lynn Kirby Ford, Inc.  
(name of concern)

\_\_\_\_\_  
Signature of Employee

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

Lynn Kirby  
Signature of Claimant

OVERTIME

WEEKLY TIME SHEET

NAME: Bill McBreens #49 POSITION: Parts DATE: 3-11

The following is a true statement of hours worked for Lynn Kirby Ford Inc.

During the week beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE						FLOOR						TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY	8	11:30	12:30	3									6
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
SUNDAY													

To have parts from 315 N Russell + built into back and back

TOTAL HOURS FOR WEEK

6

*Bill McBreens*

EMPLOYEE SIGNATURE

*J. F. Smith*

DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.



OVERTIME

WEEKLY TIME SHEET

NAME: Bill Mehrens 47 POSITION: Parts DATE: 1

The following is a true statement of hours worked for Ivan Kirby Ford Inc.

DURING THE WEEK BEGINNING: OVERTIME ENDING:

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT		
<del>JAN</del> <del>4</del>	5	9								4
<del>JAN</del> <del>12</del>	5	9								4
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										
SUNDAY										

To move parts from 315 N Russell OT  
to build parts bind

TOTAL HOURS FOR WEEK

8

Bill Mehrens  
EMPLOYEE SIGNATURE

[Signature]  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

WEEKLY TIME SHEET

NAME: Bill McKeens 47 POSITION: Parts DATE: 12-

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: 12-13-71 ENDING: 12-19-71

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS (40 max)	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT		
MONDAY <u>13</u>	8	11:30	12:30	5:00						5
TUESDAY <u>14</u>	8	11:30	12:30	5:00						5
WEDNESDAY <u>15</u>	8	11:30	12:30	9:00						5
THURSDAY <u>16</u>	8	11:30	12:30	5:00						5
FRIDAY <u>17</u>	8	11:30	12:30	5:00						5
SATURDAY										
SUNDAY										

To have part from 315. a Russell  
to make parts used

TOTAL HOURS FOR WEEK 44

Bill McKeens  
EMPLOYEE SIGNATURE

J. P. Smith  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

4/20/72  
(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 315 N. Russell

to NE Broadway at First

NAME Robert Lepley  
ADDRESS 7324 N. Oatman

SOCIAL SECURITY NO. [REDACTED]  
TELEPHONE NO. [REDACTED]

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
11/12 - 11/19/71					
11/20 - 11/27/71	72.6	\$4.50	\$326.70		
12/15/71					
1/4/72 & 1/12/72					

I, Robert Lepley, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of Ivona Kirby Ford, Inc. (name of concern)

\_\_\_\_\_  
Signature of Employee

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

Ivona Kirby Ford  
Signature of Claimant

WEEKLY TIME SHEET

NAME: Robert Lefly POSITION: \_\_\_\_\_ DATE \_\_\_\_\_

The following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY NOV 12	6.0	9.1							3.1
TUESDAY 13	8.0	5.5							8.5
WEDNESDAY 14	10.	2.0							4.0
THURSDAY 15	6.	9.							3.0
FRIDAY 16	6.0	9.5							3.5
SATURDAY 17	6.	9.							3.0
SUNDAY 19	6.	9.5							3.5

*Time to move parts dept & build bins*  
TOTAL HOURS FOR WEEK 28.6

*Robert Lefly*  
EMPLOYEE SIGNATURE

*W F Smith*  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

WEEKLY TIME SHEET

NAME: Robert Lepley POSITION: \_\_\_\_\_ DATE \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY Nov 20	8.0	6.0							9.0
TUESDAY 21	8.0	5.0							8.0
WEDNESDAY 22	5.5	9.0							3.5
THURSDAY 25	6.	9.0							3.0
FRIDAY 26	2.	5.							3.0
SATURDAY 27	7:0	1.0							6.0
SUNDAY									

TIME TO MOVE PART DEPT Y BUILD BINS  
TOTAL HOURS FOR WEEK 32.5

*Robert Lepley*  
EMPLOYEE SIGNATURE

*W F Smith*  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

WEEKLY TIME SHEET

NAME: Robert Lepley POSITION: \_\_\_\_\_ DATE 12/15/71

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: 12-15-71 ENDING: \_\_\_\_\_

Overtime

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY									
TUESDAY									
<u>12-15-71</u> WEDNESDAY	5:00	9:00							4 hrs.
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									

*To have parts from 315 N. Russell  
& build parts bin*

TOTAL HOURS FOR WEEK

4.05

*Robert Lepley*  
EMPLOYEE SIGNATURE

*W. J. Math*  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

Overtime

45

WEEKLY TIME SHEET

NAME: Robert Lopley POSITION: Parts DATE 1/4/72

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: 1/3/72 ENDING: 1/14/72

Overtime

HOURS WORKED AS SHOWN

7.5

TOTAL HOUR PER DAY

DAYS	OUTSIDE				FLOOR				TOTAL HOUR PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY									
TUESDAY <u>1/4/72</u>		<u>5:00</u>		<u>9:00</u>					<u>4 hrs</u>
WEDNESDAY <u>1/12/72</u>		<u>5:30</u>		<u>9:00</u>					<u>3.5 hrs</u>
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									

To move Parts from 315 N Russell

TOTAL HOURS FOR WEEK

7.5 hrs  
OT

Robert Lopley  
EMPLOYEE SIGNATURE

W. Smith  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

4/20/72  
(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 315 N. Russell  
to NE Broadway at First

NAME Louie Burris SOCIAL SECURITY NO. [REDACTED]  
ADDRESS 6610 Hill Plain Rd. Vancouver, Wash. TELEPHONE NO. [REDACTED]

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
11/16 - 11/25/71 11/26 and 27 12/15, 16 & 17 1/4, 5 & 8 1972 1/12/72	74.3	4.50	334.35		

I, Louie Burris, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of Lynn Kirby Ford, Inc.  
(name of concern)

\_\_\_\_\_  
Signature of Employee

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

Lynn Kirby  
Signature of Claimant



WEEKLY TIME SHEET

NAME: Louise Burris POSITION: Parts DATE 1-12-72

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY									
TUESDAY									
<u>Jan 12</u> WEDNESDAY	<u>5:30</u>	<u>9:00</u>							<u>3 1/2</u>
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									

*over time*  
*to home part. from 3:15 N Russell*  
*& build part bus*  
 TOTAL HOURS FOR WEEK: 3 1/2

Louise Burris  
 EMPLOYEE SIGNATURE

W. Smith  
 DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

# 43

WEEKLY TIME SHEET

NAME: Louis Burris POSITION: Parts DATE: \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: 1- ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY									
TUESDAY 4	5:30	9:00							3 1/2 hrs
WEDNESDAY 5	5:30	9:00							3 1/2 hrs
THURSDAY									
FRIDAY									
SATURDAY 8	8:00	12:00	1:00	5					8 1/2 hrs
SUNDAY									

TO move part from 315 N. Russell  
& build part base

TOTAL HOURS FOR WEEK: 15 1/2 hrs

Louis Burris  
EMPLOYEE SIGNATURE

W F Smith  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

# 43

WEEKLY TIME SHEET

NAME: Louie Burris #43 POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY									
TUESDAY									
WEDNESDAY DEC 15	5:00	9:00							
THURSDAY 16									
FRIDAY 17									
SATURDAY									
SUNDAY									

To move parts from 315 N Russell & build parts bin

TOTAL HOURS FOR WEEK

4 OT

Louie Burris

EMPLOYEE SIGNATURE

[Signature]

DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

WEEKLY TIME SHEET

NAME: Louie Burris POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY <i>Nov 26</i>	8.0	5.0							9.0
TUESDAY <i>27</i>	7.2	4.0							8.8
WEDNESDAY									
THURSDAY									
FRI DAY									
SATURDAY									
SUNDAY									

*Time to move parts left & build B...* TOTAL HOURS FOR WEEK 17.8

Louie Burris  
EMPLOYEE SIGNATURE

[Signature]  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

51.3

WEEKLY TIME SHEET

NAME: Louie Burriss POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY Nov 16	6	9.5							3.5
TUESDAY 17	6	9.0							3.0
WEDNESDAY 17	6.0	9.5							3.5
THURSDAY 20	8	6							9.0
FRIDAY 21	8	5							8.0
SATURDAY 22	5.5	9							3.5
SUNDAY 25	6	9							3.0

*Time to move parts left & build Bus* TOTAL HOURS FOR WEEK 33.5

Louie Burriss  
EMPLOYEE SIGNATURE

[Signature]  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

4/20/72  
(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving  
of the undersigned claimant's inventory from 315 N. Russell

to NE Broadway at First

NAME Marion Gideon SOCIAL SECURITY NO. [REDACTED]  
ADDRESS 4220 NE 38th Portland Oregon 97211 TELEPHONE NO. [REDACTED]

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
11/12-11/19/71 11/20 - 11/27/71 12/15/71 1/4/72	69.0	\$4.50	\$310.50		

I, Marion Gideon, do hereby certify that I worked the number of hours  
and was paid as shown above, on the relocation of Lynn Kirby Ford, Inc.  
(name of concern)

\_\_\_\_\_  
Signature of Employee

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

Lynn Kirby  
Signature of Claimant

WEEKLY TIME SHEET

NAME: Marion Gideon POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY NOV 12	7.	8.6							1.6
TUESDAY 13	10.1	5.5							6.4
WEDNESDAY 14	9.5	2.							4.5
THURSDAY 15	6.5	9.							2.5
FRIDAY 16	6.5	9.5							3.0
SATURDAY 17	6.	9.							3.0
SUNDAY 18	6	9.5							3.5

*time to move parts left. & Build bins* TOTAL HOURS FOR WEEK 24.5

Marion R Gideon  
EMPLOYEE SIGNATURE

W Smith  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

WEEKLY TIME SHEET

NAME: Marion Gibson POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY NOV 20	6.	9.							3.0
TUESDAY 21	8.	6.							9.0
WEDNESDAY 22	8.	5.							8.0
THURSDAY 25	6.	9.							3.0
FRIDAY 26	9.	5.							8.0
SATURDAY 27	8.5	4.							7.5
SUNDAY									

Time to move parts dept - 4 Build Ben  
TOTAL HOURS FOR WEEK 38.5

Marion Gibson  
EMPLOYEE SIGNATURE

J. F. Smith  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.



Overtime

WEEKLY TIME SHEET

#44

NAME: Maxied Gilead POSITION: \_\_\_\_\_ DATE \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
12-15-71 <del>MONDAY</del>	6	9							3
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									

To move parts from 315 N. Russell  
& build parts bus

TOTAL HOURS FOR WEEK

307

*Maxied Gilead*

EMPLOYEE SIGNATURE

*[Signature]*

DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

Overtime

(44)  
WEEKLY TIME SHEET

NAME: Marion Gideon POSITION: Parts man DATE: \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT		
<del>January 4</del> 4	6	9								3
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										
SUNDAY										

To move parts from  
build parts line

315 h Russell

TOTAL HOURS FOR WEEK 3

Marion R. Gideon  
EMPLOYEE SIGNATURE

R. F. Welch  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

4/20/72  
(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving  
of the undersigned claimant's inventory from 315 N. Russell

to NE Broadway at First

NAME Lynn Gary Antijunti  
ADDRESS 325 N. Buffalo

SOCIAL SECURITY NO. [REDACTED]  
TELEPHONE NO. \_\_\_\_\_

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
11/12/71 thru 11/27/71 12/3 and 12/4 and 1/12/72	53.8	\$4.50	\$242.10		

I, Gary Antijunti, do hereby certify that I worked the number of hours  
and was paid as shown above, on the relocation of Lynn Kirby Ford, Inc.  
(name of concern)

\_\_\_\_\_  
Signature of Employee

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

Lynn Kirby  
Signature of Claimant

WEEKLY TIME SHEET

NAME: Gary Antifonte POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY NOV 12	6	7.8							1.8
TUESDAY 19	6	9.5							3.5
WEDNESDAY 20	8	6							9.0
THURSDAY 21	8	5							8.0
FRIDAY 25	6	9							3.0
SATURDAY 26	9	4							7.0
SUNDAY 27	8.5	4							7.5
Time to move parts left & make Bin									TOTAL HOURS FOR WEEK 39.8

Gary Antifonte  
EMPLOYEE SIGNATURE

W F Math  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

42

WEEKLY TIME SHEET

NAME: Gary Antignoni POSITION: \_\_\_\_\_ DATE \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY DEC 3	5.0	9.0							4.00
SATURDAY DEC 4	8.0	4.0							7.00
SUNDAY									

To move parts from 3rd  
N Reseel. build and Overtime

TOTAL HOURS FOR WEEK 11.00

Gary Antignoni  
EMPLOYEE SIGNATURE

[Signature]  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

42

WEEKLY TIME SHEET

NAME: Gary Antzard POSITION: \_\_\_\_\_ DATE \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

*Overtime Pay*  
HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY									
TUESDAY									
WEDNESDAY 1-12-72	6:00	9:00							
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									

*To move parts from 315 N Russell  
& build parts line*

TOTAL HOURS FOR WEEK 30

Gary Antzard  
EMPLOYEE SIGNATURE

W. F. Smith  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

4/20/72  
(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving  
of the undersigned claimant's inventory from 315 N. Russell

to NE Broadway at First

NAME Fred Koski SOCIAL SECURITY NO. [REDACTED]  
ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
12/4/71	8	4.50	36.00		

I, Fred Koski, do hereby certify that I worked the number of hours  
and was paid as shown above, on the relocation of Lynn Kirby Ford, Inc.  
(name of concern)

\_\_\_\_\_  
Signature of Employee

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

Lynn Kirby  
Signature of Claimant

WEEKLY TIME SHEET

NAME: Fred Koste POSITION: \_\_\_\_\_ DATE 12-4-71

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.,  
 DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY							8-5		8 hrs
SUNDAY									

To move parts from 315 to Russell  
 & build parts Bens

TOTAL HOURS FOR WEEK 8

Fred Koste  
 EMPLOYEE SIGNATURE

[Signature]  
 DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.



1/20/72  
(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving  
of the undersigned claimant's inventory from 315 N. Russell

to NE Broadway at First

NAME Glen Nordby

SOCIAL SECURITY NO. [REDACTED]

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
12/16/71	4	4.50	18.00		

I, Glen Nordby, do hereby certify that I worked the number of hours  
and was paid as shown above, on the relocation of LYNN KIRBY FORD, INC.  
(name of concern)

\_\_\_\_\_  
Signature of Employee

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and  
other applicable law, that this claim and information submitted herewith have  
been examined by me and are true, correct, and complete, and that I understand  
that, apart from the penalties and provisions of U.S.C. Sec. 1001, and any other  
applicable law, falsification of any item in this claim or submitted herewith  
may result in forfeiture of the entire claim. I further certify that I have not  
submitted any other claim for, or received, reimbursement or compensation from  
any other source for any item of loss or expense paid pursuant to this claim,  
and that any bills or receipts submitted herewith accurately reflect moving  
services actually performed and/or storage costs actually incurred.

Lynn Kirby Ford  
Signature of Claimant

WEEKLY TIME SHEET

NAME: Alan Kirby POSITION: \_\_\_\_\_ DATE 12-16-71

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT		
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY							8	12		4
SUNDAY										

To move parts from 315 to Russell  
to build parts bins

TOTAL HOURS FOR WEEK

4

Alan Kirby  
EMPLOYEE SIGNATURE

Robert H. Brown  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

4/20/72

(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 315 N. Russell

to NE Broadway at First

NAME Robert E. Irwin SOCIAL SECURITY NO. [REDACTED]  
ADDRESS 215 N. Nashville Vancouver, Wash 98664 TELEPHONE NO. 98664

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
11/13/71 thru 1/8/72	83.3	4.50	374.85		

I, Robert E. Irwin, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of Ivan Kirby Ford, Inc.  
(name of concern)

\_\_\_\_\_  
Signature of Employee

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

Ivan Kirby  
Signature of Claimant

# #11 OVERTIME

## WEEKLY TIME SHEET

NAME: Robert E Irwin POSITION: Parts DATE: 1-3-2

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

### HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY									
<u>JAN 4</u> TUESDAY	<u>5:30</u>	<u>9:00</u>							<u>3 1/2</u>
<u>JAN 5</u> WEDNESDAY	<u>5:30</u>	<u>9:00</u>							<u>3 1/2</u>
<u>JAN 6</u> THURSDAY	<u>—</u>	<u>—</u>							<u>—</u>
FRIDAY	<u>—</u>	<u>—</u>							
<u>JAN 8</u> SATURDAY	<u>8:00</u>	<u>12:00</u>	<u>12:30</u>	<u>5:00</u>					<u>8 1/2</u>
SUNDAY									

*To have parts from 315 N Russell  
Build parts from*

TOTAL HOURS FOR WEEK: 15 1/2

*Robert E Irwin*

EMPLOYEE SIGNATURE

*W. H. Smith*

DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

# 41

WEEKLY TIME SHEET

NAME: Robert E Irwin POSITION: Parts DATE 12-15-1

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

*OVERTIME*  
HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY									
TUESDAY									
<i>Dec 15</i> WEDNESDAY	5:00	9:00							<i>4</i>
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									

*7 hour parts from 305 N. Russell  
bill based*

TOTAL HOURS FOR WEEK 4 hrs OT

*Robert E Irwin*  
EMPLOYEE SIGNATURE

*W. Smith*  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

WEEKLY TIME SHEET

NAME: Robert Irwin POSITION: \_\_\_\_\_ DATE \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY <i>Nov 21</i>	8.	5.							8 0
TUESDAY <i>22</i>	5.5	9.0							3 5
WEDNESDAY <i>25</i>	6.0	9.0							3 0
THURSDAY <i>26</i>	8.0	5.0							9 0
FRIDAY <i>27</i>	7.2	4.0							8 8
SATURDAY									
SUNDAY									

*time to move parts apt & Build Bins* TOTAL HOURS FOR WEEK 32 3

*Robert Irwin*  
EMPLOYEE SIGNATURE

*W F Smith*  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

WEEKLY TIME SHEET

NAME: Robert Irwin POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY NOV 13	2.0	5.5							3.5
TUESDAY 14	8.0	2.0							6.0
WEDNESDAY 15	6.0	9.0							3.0
THURSDAY 16	6.0	9.5							3.5
FRIDAY 17	6.	9.							3.0
SATURDAY 19	6.	9.5							3.5
SUNDAY 20	8.	6.0							9.0

Time to move parts left + build bins  
TOTAL HOURS FOR WEEK 31.5

Robert Irwin  
EMPLOYEE SIGNATURE

W. F. Smith  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

1/20/72  
(date)

Portland Development Commission  
835 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving  
of the undersigned claimant's inventory from 315 N. Russell  
to NE Broadway at First

NAME Paul Lewry SOCIAL SECURITY NO. [REDACTED]  
ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
12/16/71	7	4.50	31.50		

I, Paul Lewry, do hereby certify that I worked the number of hours  
and was paid as shown above, on the relocation of Lynn Kirby Ford, Inc.  
(name of concern)

\_\_\_\_\_  
Signature of Employee

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

\_\_\_\_\_  
Signature of Claimant



WEEKLY TIME SHEET

NAME: Paul Lowrey POSITION: \_\_\_\_\_ DATE: 12-16-74

The following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

DAYS	HOURS WORKED AS SHOWN										TOTAL HOURS PER DAY	
	OUTSIDE				FLOOR							
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT		
MONDAY												
TUESDAY												
WEDNESDAY												
THURSDAY												
FRIDAY												
SATURDAY								8	4			7 hrs
SUNDAY												

To make parts from 315 H. Russell  
 & build bins

TOTAL HOURS FOR WEEK 7 hrs

Paul Lowrey  
 EMPLOYEE SIGNATURE

Charles Brown  
 DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

4/20/72

(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 315 N. Russell

to NE Broadway at First

NAME Al Toney

SOCIAL SECURITY NO. [REDACTED]

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
12/4/71	4	4.50	18.00		

I, Al Toney, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of Lynn Kirby Ford, Inc.  
(name of concern)

\_\_\_\_\_  
Signature of Employee

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

Lynn Kirby Ford  
Signature of Claimant

WEEKLY TIME SHEET

NAME: Al Tomney POSITION: \_\_\_\_\_ DATE: 12-4

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT		
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY							8	12		4 hrs
SUNDAY										

To have parts from 315 to Russell  
 build end  
 TOTAL HOURS FOR WEEK 4

Al Tomney  
 EMPLOYEE SIGNATURE

Robert Brown  
 DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

4/20/72

(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving  
of the undersigned claimant's inventory from 315 N. Russell

to NE Broadway at First

NAME James McCuaig

SOCIAL SECURITY NO. [REDACTED]

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
12/2/71	6	4.50	27.00		

I, James McCuaig, do hereby certify that I worked the number of hours  
and was paid as shown above, on the relocation of Lynn Kirby Ford, Inc.  
(name of concern)

\_\_\_\_\_  
Signature of Employee

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and  
other applicable law, that this claim and information submitted herewith have  
been examined by me and are true, correct, and complete, and that I understand  
that, apart from the penalties and provisions of U.S.C. Sec. 1001, and any other  
applicable law, falsification of any item in this claim or submitted herewith  
may result in forfeiture of the entire claim. I further certify that I have not  
submitted any other claim for, or received, reimbursement or compensation from  
any other source for any item of loss or expense paid pursuant to this claim,  
and that any bills or receipts submitted herewith accurately reflect moving  
services actually performed and/or storage costs actually incurred.

Lynn Kirby  
Signature of Claimant

WEEKLY TIME SHEET

NAME: Jim McCraig POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.  
 DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: 12-4-71

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY							8	2	6 hrs
SUNDAY									

*To move parts from 315 N. Russell  
and build bus*

TOTAL HOURS FOR WEEK 6

\_\_\_\_\_  
 EMPLOYEE SIGNATURE Clyde H. Brown  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

4/20/72

(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving  
of the undersigned claimant's inventory from 315 N. Russell

to NE Broadway at First

NAME David Rich

SOCIAL SECURITY NO. [REDACTED]

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
12/4/71	7	4.50	31.50		

I, David Rich, do hereby certify that I worked the number of hours  
and was paid as shown above, on the relocation of Lynn Kirby Ford, Inc.  
(name of concern)

\_\_\_\_\_  
Signature of Employee

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

Lynn Kirby  
Signature of Claimant

WEEKLY TIME SHEET

NAME: Dave Rich POSITION: \_\_\_\_\_ DATE: 12-4-71

The Following is a true statement of hours worked for Lyon Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT		
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY	8					4				7
SUNDAY										

To move parts from 315 N Russell  
& build bus

TOTAL HOURS FOR WEEK 7

Dave Rich  
EMPLOYEE SIGNATURE

[Signature]  
DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.

4/20/72  
(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving  
of the undersigned claimant's inventory from 315 N. Russell

to NE Broadway at First

NAME Marvin Martin

SOCIAL SECURITY NO. [REDACTED]

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
12/4/71	4	4.50	18.00		

I, Marvin Martin, do hereby certify that I worked the number of hours  
and was paid as shown above, on the relocation of Lynn Kirby Ford, Inc.  
(name of concern)

\_\_\_\_\_  
Signature of Employee

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

Lynn Kirby Ford  
Signature of Claimant



WEEKLY TIME SHEET

NAME: MARVIN MARTIN

POSITION: \_\_\_\_\_

DATE: 12-4-71  
12/5/71

The Following is a true statement of hours worked for Lynn Kirby Ford Inc.

DURING THE WEEK BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

HOURS WORKED AS SHOWN

DAYS	OUTSIDE				FLOOR				TOTAL HOURS PER DAY	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT		
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY							8	12		4 HRS
SUNDAY										

*To move parts from 315 to Russell  
& build parts Benz*

TOTAL HOURS FOR WEEK: \_\_\_\_\_

*Marvin Martin*

EMPLOYEE SIGNATURE

*Charles P. Brown*

DEPARTMENT HEAD SIGNATURE

NOTE: This report must be completed daily and at the end of the week signed and transmitted to your department manager.



# SABRE CONSTRUCTION COMPANY

7225 S. W. BONITA ROAD, P. O. BOX 23066  
PORTLAND, OREGON 97223

BUTLER STEEL BUILDINGS - GENERAL CONTRACTORS



TELEPHONE: AREA 503

639-4141

SOLD TO :

Portland Development Commission  
c/o Lynn Kirby  
2005 N.E. Union  
Portland, Oregon

INVOICE  
NUMBER

DATE

5/26/72

72-1008-4

SHIPPED TO

TERMS: Net on receipt of invoice

CUSTOMER'S ORDER NO.	DATE OF ORDER	JOB NO.	REFERENCE NO.	<input type="checkbox"/> PROGRESS BILLING	<input type="checkbox"/> FINAL BILLING
	4/18/72	72-1008	LS		

DESCRIPTION	CHARGES	CREDITS	BALANCE
Billing No. ....			
Original Contract Price .....\$.....	Moving equipment and accessories from body shop @ 315 N. Russell to new shop @ 312 N.E. San Rafael:		
Change Orders, No. ... thru ....			
Current Contract Price .....\$.....			
Value of Work Completed to Date .....	Per Bid Quotation		\$3,223.00
Less: Total Amount Paid to Date .....			
Total Amount this Billing .....			
Amount Due on Previous Billing .....			
	Copies sent to Mr. Lynn Kirby		

BID FOR MOVING BUSINESS CONCERNS  
AND NONPROFIT ORGANIZATIONS

Name: Lynn Kirby Ford  
Body & Parts Shop  
(Name of business concern requesting bid)

315 N. Russell  
(Present Address)

312 N.E. San Rafael  
(Relocation Address)

Bid Requested by: Mr. Lynn Kirby - Lynn Kirby Ford  
(Officer or Agent of Business Concern)

INSTRUCTIONS: This bid form must be used if State law or regulations do not prohibit the submission of a firm bid. If there is a prohibition, use the estimate form. This bid (original and 1 copy) must be mailed or otherwise presented to the Portland Development Commission for the bid opening time set by the Commission in consultation with the above-named business concern or nonprofit organization. The amount of the lowest proposal shall establish and become the maximum amount of allowable compensation through relocation payments by the Portland Development Commission. The business concern may award the contract(s) to any qualified contractor(s) it selects, but the maximum amount of allowable compensation by the Portland Development Commission shall not be changed.

Penalty for False or Fraudulent Statement. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies ... or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

-----

STATEMENT OF OFFICIAL OF BIDDING CONTRACTOR:

I, the undersigned having been selected by the party above named to submit a bid for certain services specified below as the Scope of Work of this bid, do declare: That, this bid is submitted in good faith and without intent to obtain reimbursement to which I am not, or will not be entitled; That, I have not been a party to any agreement whatever, with any other person to fix the price, or any part of the price, or to submit a sham or collusive proposal or bid; That, if this bid is accepted, the Scope of Work hereinafter described will be performed in an expeditious and thorough manner and the amount charged shall be reasonable, true and accurate; That, all statements contained in this bid are true to the best of my knowledge and belief and no portion of this agreement has been willfully falsified, altered, or omitted.

SCOPE OF WORK TO BE PERFORMED: (Please attach continuation sheets detailing work to be performed and/or inventory of all items to be moved; identify each sheet with information in upper left hand block of this form.)

CARPENTRY: \_\_\_\_\_ (Please see attached sheet)

\_\_\_\_\_

CARTING: \_\_\_\_\_

\_\_\_\_\_

ELECTRICAL: \_\_\_\_\_

\_\_\_\_\_

MECHANICAL: \_\_\_\_\_

\_\_\_\_\_

OTHER (Specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION:**

I, the undersigned, agree to perform the work described above for an amount not to exceed \$ 3,663.00. I understand that this amount does not include the cost of new materials, for installation of new equipment or fixtures, or for the making of any alterations or additions to personal or real property, except as approved by the Agency and concurred in by the U.S. Department of Housing and Urban Development. I further understand that the total for moving expenses may not exceed the bid. I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true and correct.

Name of bidding contractor:

Sabre Construction Company

\_\_\_\_\_  
(Signature of officer or agent)

Address: P.O. Box 23066

Date: April 10, 1972

Portland, Oregon 97223

**SABRE  
CONSTRUCTION  
COMPANY**

April 13, 1972

Lynn Kirby Ford  
N. E. Broadway & First  
Portland, Oregon

Bid on moving equipment and accessories from existing Body Shop at  
315 N. Russell to the new body shop location at 312 N.E. San Rafael.

1 - Remove and install monorail	\$ 965.00
2 - Remove and install 15 Hold Downs	\$ 525.00
3 - Move and install 10 H.P. Compressor	\$ 176.00
4 - remove and install 340 feet air lines	\$1240.00
5 - Remove and install lites	\$ 397.00
6 - 5' Flex hose	\$ 15.00
7 - Remove and install Burglar Alarm	\$ 300.00
8 - Move and install Electric Clock	\$ 30.00
9 - Move and install Fire Extinguishers	<u>\$ 15.00</u>
	\$3663.00

Alternate - Furnish and install 15 additional Hold Downs in lieu of  
Item #1. . . . . \$ 525.00

\$ 3223<sup>00</sup>

*Herbert G. ...*

257 CANTON FIBER

MEMO TO FILE

DATE: April 4, 1972

FROM: W. S. Jones

Mr. Kirby has indicated that if it were possible he would prefer to have an additional 15 Hold Downs installed at his new location in place of moving and reinstalling the monorail. According to Mr. Kirby the Hold Downs would be functionally equivalent to the monorail in the body shop operation.

At this time we have one bid for moving the monorail at a cost of \$1,015.00. I contacted the American Monorail Company and asked their representative Mr. McMahon to determine the market value of the old monorail. Mr. McMahon reported that the monorail really has no market value. The cost to dismantle it and the cost of meeting new safety regulations would cost more than the piece of equipment was worth, and no one in his opinion would offer any money to buy it. It would have no trade-in value. The monorail would have to be cut into 3 sections in order to move it.

New Hold Downs cost \$40 each, installed. The cost for 15 additional Hold Downs would be \$600.

It would appear that this situation would fall under the provisions of substitute equipment in which case the following cost to the Commission would result:

(HUD Handbook 1371.1, Par. 80, Chapter 6, Section 5)

Amount of relocation payment shall be the lesser of:

1. Actual cost of substitute equipment delivered and installed:  
15 Hold Downs at \$40 each \$ 600.00  
  
LESS: Proceeds from sale or less market value:  
American Monorail - no value -0- \$ 600.00
2. Estimated cost to relocate old equipment  
Barker's Auto Supply \$ 1015.00

On this basis it would result in less cost to allow the substitution at a cost of \$600 than to have to pay for the monorail's relocation at \$1,015.00. It seems that it would be the best approach to recommend the substitution.

WSJ:slc

Request

Saber Construction  
to Handle The Job  
Because They are  
The Building The Body  
and Paint Building

Yours Truly

BID FOR MOVING BUSINESS CONCERNS  
AND NONPROFIT ORGANIZATIONS

Name: Lynn Kirby Ford  
Body & Parts Shop  
(Name of business concern requesting bid)

315 N. Russell  
(Present Address)

312 N.E. San Rafael  
(Relocation Address)

Bid Requested by: Mr. Lynn Kirby - Lynn Kirby Ford  
(Officer or Agent of Business Concern)

INSTRUCTIONS: This bid form must be used if State law or regulations do not prohibit the submission of a firm bid. If there is a prohibition, use the estimate form. This bid (original and 1 copy) must be mailed or otherwise presented to the Portland Development Commission for the bid opening time set by the Commission in consultation with the above-named business concern or nonprofit organization. The amount of the lowest proposal shall establish and become the maximum amount of allowable compensation through relocation payments by the Portland Development Commission. The business concern may award the contract(s) to any qualified contractor(s) it selects, but the maximum amount of allowable compensation by the Portland Development Commission shall not be changed.

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-----

STATEMENT OF OFFICIAL OF BIDDING CONTRACTOR:

I, the undersigned having been selected by the party above named to submit a bid for certain services specified below as the Scope of Work of this bid, do declare: That, this bid is submitted in good faith and without intent to obtain reimbursement to which I am not, or will not be entitled; That, I have not been a party to any agreement whatever, with any other person to fix the price, or any part of the price, or to submit a sham or collusive proposal or bid; That, if this bid is accepted, the Scope of Work hereinafter described will be performed in an expeditious and thorough manner and the amount charged shall be reasonable, true and accurate; That, all statements contained in this bid are true to the best of my knowledge and belief and no portion of this agreement has been willfully falsified, altered, or omitted.



SCOPE OF WORK TO BE PERFORMED: (Please attach continuation sheets detailing work to be performed and/or inventory of all items to be moved; identify each sheet with information in upper left hand block of this form.)

CARPENTRY: \_\_\_\_\_ (Please see attached sheet)  
\_\_\_\_\_  
\_\_\_\_\_

CARTING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ELECTRICAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MECHANICAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER (Specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:**

I, the undersigned, agree to perform the work described above for an amount not to exceed \$ 3,663.00. I understand that this amount does not include the cost of new materials, for installation of new equipment or fixtures, or for the making of any alterations or additions to personal or real property, except as approved by the Agency and concurred in by the U.S. Department of Housing and Urban Development. I further understand that the total for moving expenses may not exceed the bid. I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true and correct.

Name of bidding contractor:

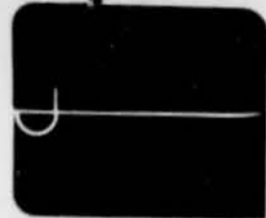
Sabre Construction Company

Michael D. Magee  
(Signature of officer or agent)

Address: P.O. Box 23066

Portland, Oregon 97223

Date: April 10, 1972



**SABRE  
CONSTRUCTION  
COMPANY**

April 13, 1972

Lynn Kirby Ford  
N. E. Broadway & First  
Portland, Oregon

Bid on moving equipment and accessories from existing Body Shop at 315 N. Russell to the new body shop location at 312 N.E. San Rafael.

1 - Remove and install monorail	\$ 965.00
2 - Remove and install 15 Hold Downs	\$ 525.00
3 - Move and install 10 H.P. Compressor	\$ 176.00
4 - remove and install 340 feet air lines	\$1240.00
5 - Remove and install lites	\$ 397.00
6 - 5' Flex hose	\$ 15.00
7 - Remove and install Burglar Alarm	\$ 300.00
8 - Move and install Electric Clock	\$ 30.00
9 - Move and install Fire Extinguishers	<u>\$ 15.00</u>
	\$3663.00

Alternate - Furnish and install 15 additional Hold Downs in lieu of Item #1. . . . . \$ 525.00

3663.00 Base Bid  
- 965.00 Less Monorail  
2698.00  
525 Plus 15 Additional  
Hold downs  
3223.00

BID FOR MOVING BUSINESS CONCERNS  
AND NONPROFIT ORGANIZATIONS

Name: Lynn Kirby Ford  
Body & Parts Shop  
(Name of business concern requesting bid)

315 N. Russell  
(Present Address)

312 NE San Rafael  
(Relocation Address)

Bid Requested by: Mr. Lynn Kirby  
(Officer or Agent of Business Concern)

INSTRUCTIONS: This bid form must be used if State law or regulations do not prohibit the submission of a firm bid. If there is a prohibition, use the estimate form. This bid (original and 1 copy) must be mailed or otherwise presented to the Portland Development Commission for the bid opening time set by the Commission in consultation with the above-named business concern or nonprofit organization. The amount of the lowest proposal shall establish and become the maximum amount of allowable compensation through relocation payments by the Portland Development Commission. The business concern may award the contract(s) to any qualified contractor(s) it selects, but the maximum amount of allowable compensation by the Portland Development Commission shall not be changed.

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-----

STATEMENT OF OFFICIAL OF BIDDING CONTRACTOR:

I, the undersigned having been selected by the party above named to submit a bid for certain services specified below as the Scope of Work of this bid, do declare: That, this bid is submitted in good faith and without intent to obtain reimbursement to which I am not, or will not be entitled; That, I have not been a party to any agreement whatever, with any other person to fix the price, or any part of the price, or to submit a sham or collusive proposal or bid; That, if this bid is accepted, the Scope of Work hereinafter described will be performed in an expeditious and thorough manner and the amount charged shall be reasonable, true and accurate; That, all statements contained in this bid are true to the best of my knowledge and belief and no portion of this agreement has been willfully falsified, altered, or omitted.

SCOPE OF WORK TO BE PERFORMED: (Please attach continuation sheets detailing work to be performed and/or inventory of all items to be moved; identify each sheet with information in upper left hand block of this form.)

CARPENTRY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CARTING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ELECTRICAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MECHANICAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER (Specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION:**

I, the undersigned, agree to perform the work described above for an amount not to exceed \$ 3,853.00. I understand that this amount does not include the cost of new materials, for installation of new equipment or fixtures, or for the making of any alterations or additions to personal or real property, except as approved by the Agency and concurred in by the U.S. Department of Housing and Urban Development. I further understand that the total for moving expenses may not exceed the bid. I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true and correct.

Name of bidding contractor:

Barker's Auto Supply, Inc.

Address: 4950 SE Fester Road

Portland, Oregon 97206

*Clement R. Budge*  
(Signature of officer or agent)

Date: 5-2-72

# BARKER'S AUTO SUPPLY, INC.

Wholesale Automotive Parts and Accessories

DELCO PRODUCTS • AUTOLITE PRODUCTS

4950 S.E. FOSTER ROAD  
PORTLAND, OREGON 97206

775-6771

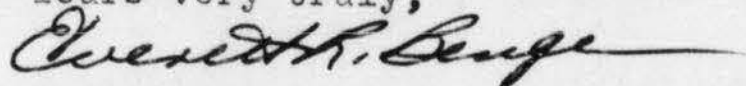
March 29, 1972

Lynn Kirby Ford  
N. E. Broadway & First  
Portland, Oregon

Bid on moving Equipment and assecories from Body shop at  
315 N. Russell to the new body shop location.

1 - Remove & install Monorail	1015.00 ✓
2 - Remove and Install 15 Hold Downs	595.50
3 - Move and install 10 H.P. Compressor	146.50
4 - Remove and Install 340 ft. air lines	1309.00
5 - Remove and Install lites	425.75
6 - <del>XX</del> 5' Flex Hose	14.75
7 - Remove & Install Burglar Alarm	315.50
8 - Move & Install Electric Clock	14.50
9 - Move & Install Fire Extinguishers	16.50
	<hr/>
	3853.00

Yours very truly,



Everett R. Bengel  
Barker's Auto Supply Inc.

3853.00 Base Bid  
1015.00 less Monorail  

---

2838.00  
595  

---

3433  
Plus 15 additional  
Holddowns

BID FOR MOVING BUSINESS CONCERNS  
AND NONPROFIT ORGANIZATIONS

Name: Lynn Kirby Ford  
Body & Parts Shop  
(Name of business concern requesting bid)

315 N. Russell  
(Present Address)

312 N. E. San Rafael  
(Relocation Address)

Bid Requested by: Mr. Lynn Kirby  
(Officer or Agent of Business Concern)

INSTRUCTIONS: This bid form must be used if State law or regulations do not prohibit the submission of a firm bid. If there is a prohibition, use the estimate form. This bid (original and 1 copy) must be mailed or otherwise presented to the Portland Development Commission for the bid opening time set by the Commission in consultation with the above-named business concern or nonprofit organization. The amount of the lowest proposal shall establish and become the maximum amount of allowable compensation through relocation payments by the Portland Development Commission. The business concern may award the contract(s) to any qualified contractor(s) it selects, but the maximum amount of allowable compensation by the Portland Development Commission shall not be changed.

Penalty for False or Fraudulent Statement. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies ... or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

-----

STATEMENT OF OFFICIAL OF BIDDING CONTRACTOR:

I, the undersigned having been selected by the party above named to submit a bid for certain services specified below as the Scope of Work of this bid, do declare: That, this bid is submitted in good faith and without intent to obtain reimbursement to which I am not, or will not be entitled; That, I have not been a party to any agreement whatever, with any other person to fix the price, or any part of the price, or to submit a sham or collusive proposal or bid; That, if this bid is accepted, the Scope of Work hereinafter described will be performed in an expeditious and thorough manner and the amount charged shall be reasonable, true and accurate; That, all statements contained in this bid are true to the best of my knowledge and belief and no portion of this agreement has been willfully falsified, altered, or omitted.

SCOPE OF WORK TO BE PERFORMED: (Please attach continuation sheets detailing work to be performed and/or inventory of all items to be moved; identify each sheet with information in upper left hand block of this form.)

CARPENTRY: \_\_\_\_\_

\_\_\_\_\_

CARTING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ELECTRICAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MECHANICAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER (Specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION:**

I, the undersigned, agree to perform the work described above for an amount not to exceed \$ 3921<sup>00</sup>. I understand that this amount does not include the cost of new materials, for installation of new equipment or fixtures, or for the making of any alterations or additions to personal or real property, except as approved by the Agency and concurred in by the U.S. Department of Housing and Urban Development. I further understand that the total for moving expenses may not exceed the bid. I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true and correct.

Name of bidding contractor:

Apeco

Address: 22217 E Hoyt

Portland OR

[Signature]  
(Signature of officer or agent)

Date: 4/21/72

**Quotation**

**APPECO EQUIPMENT AND PETROLEUM CO.**  
 Automotive, Petroleum Marketing & Industrial Equipment  
 Phone (503) 233-5877 / 2221 N. E. Hoyt / Portland, Oregon 97232

**DATE** March 9, 1972

**TO** Kirby Ford

**ATTN:** Clyde Brown

**ADDRESS** N. E. Broadway & Victoria Portland, Oregon

**JOB** Body Shop 315 N. Russell

**DUE DATE**

Item	Quan.	We are pleased to quote you on the following, subject to conditions listed below.	Unit Price		Total
1		Move and install one 10 HP Air Compressor mount new mag, starter on wall. Connect to existing air system no more than 48" from compressor outlet		Net	140.00
2		60" Flex Hose		Net	15.00
3		<del>XXXXXXXXXX</del> To move air lines - Air lines in new bldg. will run on a time and material basis.			1336.00
4		Move lites - <del>XXXXXXXXXX</del>			460.00
5		Burglar Alarm - move and reinstall		Net	300.00
6		Monirail - Lower and cut ready to move No Quote can be given on installation until new bldg. seen to obtain mounting problems.		Net	200.00
7		Remove and install 15 hold downs	40.00 ea	Net	600.00
8		Move and reinstall 3 Fire Extinguishers		Net	15.00
9		Move and reinstall electric clock		Net	5.00
					<b>3921.00</b>

**FOB Jobsite**

3921.00 Base Bid  
 1050.00 Less Monorail  
 2871.00  
 600 15 additional Holddowns  
3471.00

Approximate Delivery

**Apcco Equipment Co.**  
 By *L. M. Goldhammer*  
 L. M. Goldhammer

**TERMS**

Net

2221 N. E. Hoyt  
 Portland, Oregon 97232  
 Phone (503) 233-5877

cc: C. A. Dillinger, Service Manager

**CONDITIONS**

The prices shown hereon subject to change without notice and do not include any Sales, Use or any other tax of a similar nature, Federal, or local in origin; and any such tax applicable to the transaction is to be paid by the purchaser. In the event of an increase or decrease in price prior to shipment, we reserve the right to adjust our billing to conform to prices in effect at time of shipment. Delivery is subject to strikes, accidents, priority restrictions, or other conditions beyond our control. Orders may be cancelled by the purchaser only upon written notice and upon payment to Apcco Equipment Co. of reasonable and proper cancellation charges. This quotation is subject to approval of Apcco Equipment Co. Home Office.



Stan:

This should clean up  
all of our Bills. I do  
appreciate your kindness  
and help in this sewing  
as much help as you could.

Thanks.

Sincerely

Oyem Kirby



NEWELL TRUCK EQUIPMENT CO.  
*Builders of New-weld Special Allsteel Bodies*

Distributors of  
HYDRAULIC HOISTS AND ALLSTEEL DUMP BODIES

10020 N. Vancouver Way

Portland, Oregon 97217  
October 26, 1971

Portland Development Commission  
1700 SW Fourth Avenue  
Portland, Oregon 97201

Atten: Mr. John Kenward  
Executive Director

Re: Parcel No. E-4-9  
315 N. Russell Street  
Emanuel Hospital Urban  
Renewal project

Gentlemen;

On October 20, 1971 we received your real estate option on the building and land located on the North West corner of Russell and Gantenbein Streets.

The offer of \$68,000.00 or \$7.55 per square foot is ridiculous and unreasonable for the reasons listed below -

The Building - a modern 90 x 100 ft. permanent type construction of 8" solid concrete walls reinforced with steel. The north wall with a 36" concrete footing with 12" concrete and steel to withstand the pressure of neighboring property. Timber Structures trussed roof with 90' trusses to our specifications for the purpose of withstanding extra weight to support the 8" I beam crane rail and load running full length of the building. The floors are 8" concrete for the purpose of supporting extra heavy loads such as loaded concrete and rock hauling trucks. Approximately 50% of the floor is radiant hot water heated with approx. 4,000 ft. of copper tubing built into the floor. This heated area is also insulated with a barrier of approx. 8" gravel between the ground and the floor. The water is heated with an oil fired boiler with pumps and thermostat for the office and shop areas. Furnace oil storage and gasoline supply tanks are under the sidewalks and piped into the building. All of the east and part of the south wall windows are protected from breakage by heavy screens. The roof was recently recovered by a professional roofing contractor with a 15 year guarantee. The building was also painted inside and out as per our agreement with a lease we have with Kirby Ford Company. The front shop door is 16' aluminum, electric operated. The building is also wired with a burglar alarm system. Well lighted and wired with a power panel of numerous switches, heavy wire and ample power for operating heavy machinery.

not part of  
real estate  
checked  
w/ Harold  
Hend

The location is in the immediate downtown area, industrial zoned and close to freeway.



NEWELL TRUCK EQUIPMENT CO.  
*Builders of New-weld Special Allsteel Bodies*

Distributors of  
HYDRAULIC HOISTS AND ALLSTEEL DUMP BODIES

10020 N. Vancouver Way • Portland, Oregon 97217

- 2 -

Oct 26, 1971

For your information your appraisal is considerable less than offered by the lessee at the time of our lease agreement.

Mrs Newell and I are reaching the retirement age and the income from our lease on this property was planned in our retirement program, therefore we felt we could not afford to sell. For us to find a suitable location and build new now and to find a good lessee could be a great risk.

Not to build, what is left after taxes would bring very little income for retirement.

What consideration if any has been offered our lessee for their investment in shop equipment, storage facilities and relocation?

Yours very truly,

Ed Newell

Certified Mail  
Return Receipt Requested

2/16/72

- ✓ Air Compressors & Lines ✓✓✓
- ✓ { Arrow Towing - Movement of Cars
- ✓ { Gerlach

3 Bids on Movement of Parts -  
Self-Move

Florescent Lites - General ~~Contract~~ Contract

- ✓ Crane? Monorail - Bids  
Possible Loss of Property

Appraisal -  
Bid

✓ Work Benches - Move? Bid

Burgular Alarm - Owned by Kirby Ford

February 22, 1972

Mr. Lynn Kirby  
Lynn Kirby Ford  
P. O. Box 12566  
Portland, Oregon 97212

Dear Mr. Kirby:

As we discussed during the survey of your auto body shop at 315 N. Russell, I am providing an outline of relocation expenses for which you may be eligible for reimbursement when you move.

Generally a relocation payment may include expenditures for transporting personal property including packing and crating, obtaining (including advertising for) bids or estimates, insurance premiums covering loss and damage of personal property while in transit, and disconnecting, dismantling, removing, reassembling, reconnecting and reinstalling machinery, equipment, or personal property.

When moving expenses are estimated to exceed \$500, you must obtain a bid from three reputable movers and/or other contractors. If the total cost of a move by a general contractor or of any separately identified category of service is estimated to cost \$2,000 or more the enclosed bid forms must be used.

As we discussed, bids should be obtained for relocation of the burglar alarm system, air compressors and lines, cars, parts and other inventory, and any other items which are to be moved. Special self move instructions and forms are included if you choose to use your own employees for any portion of the move.

You may elect to replace any item of personal property currently utilized in your present operation with a comparable item. The amount of a relocation payment in this case shall be the lesser of:

1. The actual cost of the substitute equipment delivered and installed at the new location, less any proceeds received from the sale or trade-in of the old equipment, or, if a bona fide sale cannot be made, less the market value of the old equipment determined by an independent appraisal.
2. The estimated cost of relocation of the old equipment.

This procedure may be applicable in the case of the work benches, florescent lighting, crane and monorail.

In addition you may receive a payment for any actual direct loss for any tangible personal property, including inventory or goods held for sale, which you choose not to relocate. An effort to achieve a bona fide sale to dispose of the personal property is required and the payment may not exceed the

estimated reasonable expense of moving such property.

Please contact me if you have any questions about documenting your claim for relocation benefits.

Very truly yours,

W. Stanley Jones  
Relocation Supervisor

WSJ:slc

enclosures

# PORTLAND DEVELOPMENT COMMISSION

SEYB OFFICE  
EMANUEL HOSPITAL PROJECT  
235 N. MONROE ST.  
PORTLAND, OREGON 97227  
PHONE 255-8155

12 May, 1971

Mr. Clyde Sanders  
Small Business Administration  
700 Fittock Block  
Portland, Oregon 97205

Dear Mr. Sanders:

Per our conversation of 11 May, 1971, I have enclosed a list of businesses in the Emanuel Hospital Urban Renewal Project which were mailed a letter on 10 May advising them of available SBA assistance. I have also enclosed a copy of the letter mailed to these businesses. It is my understanding that you will send each business involved the proper informational material.

Thank you for your continued cooperation.

Very truly yours,

W. Stanley Jones

WSJ:alc  
enc.

Albina Pipe Bending  
225 N. Russell  
Portland, Oregon 97227

Oregon Rug & Mattress Co.  
2651 N. Vancouver  
Portland, Oregon 97227

American Plating Co.  
2751 N. Williams  
Portland, Oregon 97227

Paul's  
19 & 23 N. Russell  
Portland, Oregon 97227

Carlos Body & Fender Shop  
2609 N. Vancouver  
Portland, Oregon 97227

Philbin's Mfg. Co.  
27 N. Russell  
Portland, Oregon 97227

Cathay Food Market  
2619 N. Williams  
Portland, Oregon 97227

Robbins Inn  
3000 N. Commercial  
Portland, Oregon 97227  
% Mrs. Emily Lehl  
835 N. E. Jessup  
Portland, Oregon

Denne Bros. Inc.  
35 N. Russell  
Portland, Oregon 97227

Thomas Shine Parlor  
& Bicycle Shop  
11 N. Russell  
Portland, Oregon 97227

Field Sensi-Threader Machine Co.  
417 N. Monroe  
Portland, Oregon 97227

Wallace Bldg. Wreckers  
2717 N. Williams  
Portland, Oregon 97227

Jewell Glass Co.  
2607 N. Vancouver  
Portland, Oregon 97227

Western Food Equipment Co.  
3321 N. Vancouver  
Portland, Oregon 97227

Lees Trailer Co.  
2715 N. Vancouver  
Portland, Oregon 97227

Lew's Man's Shop  
113 N. Russell  
Portland, Oregon 97227

Lynn Kirby Ford Body Shop  
315 N. Russell  
Portland, Oregon 97227

Manning Bros. Garage & Service Station  
2847 N. Williams  
Portland, Oregon 97227



# PORTLAND DEVELOPMENT COMMISSION

OFFICE  
BRADLEY BENTLEY PARKWAY  
300 N. BROAD ST.  
PORTLAND, OREGON 97227  
PHONE 590-6100

10 May, 1971

Lynn Kirby Ford Body Shop  
315 N. Russell  
Portland, Oregon 97227

Dear Occupant:

This is to remind you that since your business will be affected by the urban renewal project in this area, you are eligible for special consideration from the Small Business Administration. This assistance is in the form of low interest, long term loans. These loans may be made jointly with local banks or other lending institutions, or on a direct basis and may be used for several purposes, some of which are:

1. to purchase or remodel a building;
2. to provide working capital;
3. to replace machinery and equipment; and
4. to increase inventory.

The SBA also provides management and technical assistance.

We urge you to visit the SBA office to ascertain additional information concerning the assistance you may receive. They are located in the Pittock Block, 921 S. W. Washington. If you desire to make an appointment or have any questions, please call 590-2361.

Very truly yours,

W. Stanley Jones

WSJ:sic

1 1-25950-0770 NEWELL, ED

Commercial

MAP: 2730

ZONE: M3

RATIO: 1301

LVY C: 001

1515 NE MARINE DR  
PORTLAND, OREGON

97211

EVANS ADD

LOT BLOCK

13 814 4



N. Gasterholm

PROPERTY ADDRESS: 315 N RUSSELL ST  
PORTLAND

APPEALS:

ASSESS YEAR	MIN RIGHTS	SUMMARY	ASSESSED VALUATION		REAL PROPERTY	SIGN DATE
			LAND	IMP		
67			1000	8750	9750	065
68			7500	30,000	37,500	08
1971			7800	31,200	39,000	UD

FRONT OF BUILDING

N Russell

AVE OR STREET



1762 Dist FFA  
Edge streets used for Truck load handling.  
Fence area not at lot

OUTSIDE

SIGNED

*[Signature]*

INDEXED ENTERED REG. COUNT INDEX RECHECKED NOTIFIED

DATE 03 '67 07 '87

GASTON



