

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

August 23, 1973

Mr. Tony Forbes
Atlantic Richfield Distributor
2145 N. E. Union Avenue
Portland, Oregon 97212

Dear Mr. Forbes:

Enclosed is our Warrant No. 2150 ND in the amount of \$285.00 representing payment per your claim for moving expenses in your move from 945 N. E. Dekum, on July 5, 1973.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:b
Encl.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 2150 ND

DATE August 22, 19 73

PAY TO Tony Forbes
Began Equipment Company

\$ 285.00

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 Business Moving Expenses filed. Move from 945 N. E. Bakun (Parcel 8-9 & 10).	\$285.00

Account Distribution

NO.	TITLE	AMOUNT
N2112	Relocation Payment (Business - Moving Expenses)	\$285.00

BD

RELOCATION PAYMENT

3rd year
Woodlawn
N2112

PROJECT: Woodlawn PARCEL: 8-9410

PAYABLE TO: Began Equipment Co. and Tony Forbes

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants	\$	_____
<input type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$_____ ; Annual amount	\$	_____
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only)	\$	_____
<input type="checkbox"/>	Interest Expense	\$	_____
<input type="checkbox"/>	Fixed Moving Payment	\$	_____
<input type="checkbox"/>	Dislocation Allowance	\$	_____
<input type="checkbox"/>	Actual Moving Costs	\$	_____
<input type="checkbox"/>	Storage Costs	\$	_____
<input checked="" type="checkbox"/>	Business: Moving Expenses	\$	<u>285.00</u>
<input type="checkbox"/>	Business: In Lieu Payment	\$	_____
<input type="checkbox"/>	Business: Storage Costs	\$	_____
<input type="checkbox"/>	Business: Loss of Property	\$	_____
<input type="checkbox"/>	Business: Searching Expenses	\$	_____

Name of Client Tony Forbes - Business Family Less - \$ _____ *

Move from 945 NE Delcum Individual Total \$ 285.00

Accounting: Indicate symbol and Accounting No.
N2112 Relocation Payment; 285.00 Project Cost *(_____)

ok
jme

DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT - BUSINESS
(this page for Local Agency use only)

NAME OF CONCERN: Tony Forbes

NAME OF LOCAL AGENCY: Portland Development Comm.

PROJECT OR PROGRAM IDENTIFICATION: Woodlawn

PARCEL NO. 8-9&10

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 Nonprofit Farm
 Concern Organization Operator
2. Date of HUD approval of project or program 6-4-73
3. Direct cause of displacement: Notice of intent to acquire (date) 5-2-73
 Acquisition of Real Property (date) 7-13-73
 Other, explain _____
4. Date move started 7-5-73 5. Date property vacated 7-5-73
6. Date claim filed _____ 7. 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. Average annual net income:
 As reported by claimant: \$ _____ As verified by Agency: \$ _____
 (Enter verified income amount on Line 4, if less than \$2,500, enter \$2,500; if more than \$10,000, enter \$10,000.)
 State basis for Agency verification of income: _____

4. AMOUNT OF IN LIEU PAYMENT: \$ _____

APPROVED: \$ _____

C. PAYMENT FOR ACTUAL MOVING AND RELATED EXPENSES

D. CERTIFICATION

Item	Amount Claimed	Amount Approved
1. Moving expenses, including \$ _____ covering storage.	\$ 285.00	\$ 285.00
2. Direct loss of property	\$ _____	\$ _____
3. Searching expenses	\$ _____	\$ _____
4. Total (sum of lines 1, 2, and 3)	\$ 285.00	\$ 285.00

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

\$ 285.00

DATE 8-16-73

[Signature]
Authorized Signature

E. RECORD OF PAYMENTS MADE:

DATE	CHECK NO.	AMOUNT
<u>8/22/73</u>	<u>2150ND</u>	\$ <u>285.00</u>
		\$ _____
		\$ _____
		\$ _____
		\$ _____

CLAIM FOR RELOCATION PAYMENT- BUSINESS

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 9; if claim is for a payment in lieu of moving and related expenses as documented on Schedule D, omit Block 8. 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 OF CONCERN: Tony Forbes

2. ADDRESSES IN PROJECT OR PROGRAM AREA OCCUPIED BY CONCERN PRIOR TO SUBMISSION OF THIS CLAIM	ADDRESS(ES)	DATES OCCUPIED	
		FROM	TO
	945 N. E. Dekum	1967	7/5/73

3. ADDRESS PRESENTLY OCCUPIED BY CONCERN
2145 N. E. Union
 Date move to this address started _____

4. STATE TYPE OF BUSINESS OR PRINCIPAL BUSINESS ACTIVITY
 Service Station

5. FORM OF OPERATION (check one)
 Sole Proprietorship
 Partnership
 Corporation
 Nonprofit Organization
 Other (identify) _____

6. DID CONCERN DISCONTINUE BUSINESS? Yes
 IF YES, STATE REASON FOR DISCONTINUING BUSINESS Can't get allocation of gasoline for a new unit
 DOES CONCERN PLAN TO REESTABLISH? Yes _____ No

7. TYPE OF CLAIM: THIS CLAIM FOR REIMBURSEMENT IS: INITIAL _____ SUPPLEMENTARY _____ FINAL _____

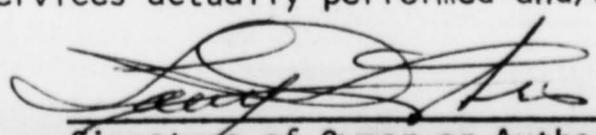
8. AMOUNT OF BUSINESS RELOCATION CLAIM FOR MOVING AND RELATED EXPENSES:	AMOUNT
a. Reimbursement for actual reasonable moving expenses (Attach completed Schedule A). Includes storage costs.	\$285.00
b. Reimbursement for actual direct loss of tangible personal property (Attach completed Schedule B)	
c. Reimbursement for actual reasonable searching expenses (Attach completed Schedule C)	
TOTAL AMOUNT CLAIMED	TOTAL \$285.00

9. 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, that displacement will cause a substantial loss of existing patronage, and claim payment in the amount of \$ _____.

 Signature of Agent or Owner

10. 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.

8-15-73
 DATE


 Signature of Owner or Authorized Agent

Owner
 Title

**SCHEDULE A-2
SUPPORTING DATA - STORAGE COSTS**

STORAGE PERIOD		
1. Total period (if this is not the final claim, enter estimate)		MONTHS
2. Period covered by this claim		MONTHS
3. Date property moved to storage		
4. Date property moved from storage		
STORAGE COSTS		AMOUNT
1. Monthly rate	\$	\$
2. Total costs actually incurred (cumulative)	\$	\$
3. Amount previously received as relocation payment	\$	\$
4. Amount claimed herewith (line 2 minus line 3) enter this amount in Block A-1 on line marked "storage".	\$	\$

DESCRIPTION OF PROPERTY STORED

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 moving expense, must be reduced accordingly when items are removed from storage):

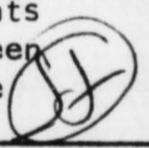
**SCHEDULE A-3
METHOD OF PAYMENT**

I HAVE NOT paid the costs of the following services:

Cartage X Mechanical _____ Bids/Estimates _____
Storage _____ Electrical _____ Other _____

The unpaid itemized invoices or bills are attached. In accordance with arrangements made (check one): () in advance, () 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).

make out check in both names



Initials

I HAVE PAID the costs of the following services:

Cartage _____ Mechanical _____ Bids/Estimates _____
Storage _____ Electrical _____ Other _____

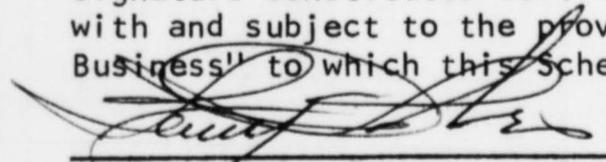
Itemized receipts or paid bills in the proper amounts are attached. I hereby request reimbursement.

Initials

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.

Initials

Signature constitutes certification of this Schedule and its attachments in accordance with and subject to the provisions of Item 10 on the "Claim for Relocation Payment - Business" to which this Schedule is an attachment.



Signature of Owner or Authorized Agent

Date

SCHEDULE A - STATEMENT OF CLAIM FOR ACTUAL MOVING EXPENSES

A-1 SUPPORTING DATA - MOVING EXPENSES

WORK AND/OR SERVICE PERFORMED	IDENTIFICATION OF MOVER, STORAGE COMPANY, AND/OR OTHER CONTRACTORS			AMOUNT CLAIMED	FOR LOCAL AGENCY USE
	NAME	ADDRESS	TELEPHONE		AMOUNT APPROVED
MOVING	Began Equipment Co.	100 N. E. 11th Avenue Portland, 97232	235-8484	\$285.00	\$285.00
ELECTRICAL					
MECHANICAL					
PREPARATION OF BIDS/ESTIMATES					
SUBSTITUTE EQUIPMENT*					
OTHER (List)					
STORAGE					
TOTAL				\$ 285.00	\$ 285.00

*COMPUTATION - Substitute Equipment

a. Actual cost of substitute equipment installed	\$
b. Less proceeds from sale, trade-in, or market value	\$
c. Unrecovered cost (a. minus b.)	\$
d. Estimated cost to move old equipment	\$
e. AMOUNT CLAIMED (lesser of c. or d.)	\$

DUPLICATE INVOICE

INVOICE

BEGAN EQUIPMENT COMPANY

100 N. E. 11th AVENUE

PORTLAND, OREGON 97232

PHONE 235-8484

INVOICE NO.

26238

Service Station-Bulk Plant-Truck-Garage Equipment
Sales ★ Service ★ Installation

SOLD TO

Tony Forbes
2145 N.E. Union
Portland, Oregon

SHIPPED TO (SAME UNLESS NOTED)

TERMS: NET 10th PROX.

DATE		YOUR ORDER NO.		OUR JOB NO.		SHIPPED VIA		SHIPPED FROM	
7/5/73		Tony		FW 3371					
ORDERED	SHIPPED	B.O.	DESCRIPTION				PRICE	AMOUNT	
			Remove 2 gas pumps from station at 945 NE Dekum & install at 2145 NE Union on inside island. Also, remove air compressor at Dekum & bring to shop.						
			PER BID					285.00	

A 10% HANDLING CHARGE IS MADE ON RETURNED MERCHANDISE.

A FINANCE CHARGE OF 1 1/2% PER MONTH WHICH IS AN ANNUAL RATE OF 18% WILL BE CHARGED TO PAST DUE ACCOUNTS.

PLEASE PAY ON INVOICE - NO STATEMENT ISSUED UNLESS REQUESTED

®s

BENNETT Gas & Oil Pumps
ARO Lubrication Equipment

ECO Islands
MAKLOW Pumps

NEPTUNE Motors
HEWITT Hose

GLOBE Air & Electric Hoists
CHAMPION Air Compressors

QUICK Chargers & Steam Clnrs.
Tire changers & Balancers

Date 8-15-73

Name Tony Forbes Operation Service Station Tel _____

Address 945 N E. Dekum Opr/Mgr _____ R/Tel _____

Owner Tony Forbes Address _____ Tel _____

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 _____ Aver. Ten. _____ Rent Range _____

Future Plans _____

Space Requirements _____ Zone _____

Date	Notes	by
	<p>Mr. Forbes is a gasoline distributor for Arco as well as owner of several service stations. He had leased the station on Dekum, but it had been vacant for some time due to lack of business. At the time the PDC purchased the building from Mr. Forbes there was only a limited amount of equipment to be moved. Mr. Forbes filed a claim & it was submitted for payment.</p>	<p>WBSJ</p>