

EXHIBIT D – PRICE PROPOSAL

Rate	Pricing and how charged (per month, use, case, etc)
Facility Use Fee ¹	
Medical Waste Disposal	
Equipment ²	
Transport to Placer County Morgue, Auburn, CA	
Body Transport Pouch ³	
Cremation Cost ⁵	

1. Please indicate how and when this fee is charged.

2. Please include information on how this rate is charged.

3. Please indicate when this charge would apply, if applicable.

4. Additional Information required – Response Times from point of dispatch:

5. Please provide additional information if necessary in your Proposal Document.