

BOARD OF COUNTY COMMISSIONERS
SARPY COUNTY, NEBRASKA

RESOLUTION APPROVING AGREEMENTS WITH ADT SERVICES, INC. FOR SECURITY AT THE
SURVEYOR'S OFFICES

WHEREAS, pursuant to Neb. Rev. Stat. §23-104(6)(Reissue 2012), the County has the power to do all acts in relation to the concerns of the County necessary to the exercise of its corporate powers; and,

WHEREAS, pursuant to Neb. Rev. Stat. §23-103 (Reissue 2012), the powers of the County as a body are exercised by the County Board; and,

WHEREAS, the Sarpy County Surveyors Office desires to enter into an agreement with ADT Services, Inc. for overall ADT services at three Surveyor offices.

NOW, THEREFORE, BE IT RESOLVED by the Sarpy County Board of Commissioners that this Board hereby approves and adopts the agreements with ADT Services, Inc. for security services at three offices of the Sarpy County Surveyor, copies of which are attached.

BE IT FURTHER RESOLVED that the Board is authorized to sign the agreement with ADT Services, Inc. and any other related documents.

The above resolution was approved by a vote of the Sarpy County Board of Commissioners at a public meeting duly held in accordance with applicable law on the 7th day of May, 2013.



[Signature]
Sarpy County Board Chairman

ATTEST:

[Signature]
Sarpy County Clerk

Sarpy County Purchasing Department

SARPY COUNTY COURTHOUSE
1210 GOLDEN GATE DRIVE
PAPILLION, NE 68046



Brian Hanson, Purchasing Agent
(402) 593-2349
Debby Peoples, Asst. Purchasing Agent
(402) 593-4164
Beth Garber, Senior Buyer/Contract Administrator
(402) 593-4476
Lois Spethman, Supply Clerk/Purchaser
(402) 593-2102

MEMO

To: Sarpy County Board of Commissioners

From: Beth Cunard

Re: Agreements with ADT Services for Security at Public Works Offices

For several years the Public Works Department has utilized ADT to secure some of their facilities. During the May 7, 2013 the Board will be asked to approve three security contracts with ADT for the Gretna Shop, Giles Rd. Shop, and the Bellevue Rod & Gun Club Shop.

Please feel free to contact me with any questions at (402) 593-4476.

May 3, 2013

Beth Garber

Cc: Deb Houghtaling
Mark Wayne
Scott Bovick
Brian Hanson
Denny Wilson



SMALL BUSINESS CONTRACT



CONTRACT DATE 04/24/13 CUSTOMER ACCOUNT NO 07301228 JOB NO 01 LEAD SOURCE

Section 1. Customer Info

ADT LLC
dba ADT Security Services ("ADT")
 Office Address

OMAHA, NE

 www.MyADT.com
 800.ADT.ASAP®
 (800.238.2727)

Business Name ("Customer" or "I" or "me" or "my") SARPY COUNTY SHERIFFS PWD
 Premises' Address 2502 LA PLANT RD
 City BELLEVUE State NE ZIP 68005
 Responsible Party Name DANIELLE MCKULSKY Sarpy County
 Protected Premises' Phone (Required) Traditional Phone Other (Qualified) Other (Non-Qualified)

Fill in if billing address is the same

Billing Address 15100 S. 84th ST
 City PAPILLION State NE ZIP 68046 Billing Phone (Required) 402 537 6902

IF FAMILIARIZATION PERIOD IS REJECTED INITIAL HERE _____ (see Paragraph B3 of the Terms and Conditions for explanation)
 EMAIL

Communications Authorization: I authorize ADT to provide me with information and updates about the security system and new ADT and third-party products and services to the contact information provided by me. I may unsubscribe or opt out by emailing donotcontact@adt.com or by calling 888.DNC4ADT (888.362.4238). Initial here _____

Confirmation of Appointments: I authorize ADT to call me using an automated calling device to deliver a pre-recorded message to set/confirm appointments and provide other information or notices about the alarm system at the telephone number(s) provided by me. Initial here _____

Ownership of System and Equipment: Customer-Owned ADT-Owned

Verticals Retail Business Services Personal Services Automotive/Transportation
 Grocery/Food Health Services Restaurants Wholesale Other

I acknowledge and agree to each of the following: (A) this Contract consists of six (6) pages. Before signing this Contract, I have read, understand and agree to each and every term of this Contract, including but not limited to Paragraphs C and E of the important terms and conditions. (B) The initial term of this Contract is three (3) years. (C) No alarm system can provide complete protection or guarantee prevention of loss or injury. Fires, floods, burglaries, robberies, medical problems and other incidents are unpredictable and cannot always be detected or prevented by an alarm system. Human error is always possible, and the response time of police, fire and medical emergency personnel is outside the control of ADT. ADT may not receive alarm signals if communications or power is interrupted for any reason. (D) ADT recommends that I manually test the alarm system monthly and any time I change telephone service, by calling 800.ADT.ASAP. (E) This Contract requires final approval by an ADT authorized manager before ADT may provide any equipment or services, and if approval is denied, then this contract will be terminated, and ADT's only obligation will be to notify me of such termination and refund any amounts I paid in advance.

ADT Representative David Walk Rep. License No. (If Required) Rep. ID No. 9108

Customer's Approval: Original Signature Required Jim Wauer DATE 05/07/13

INSTALLER NOTES (Special Instructions/Directions/Cross Street)

RENEWAL / 43.99 / MONTH



SMALL BUSINESS CONTRACT



CONTRACT DATE 04/24/13

CUSTOMER ACCOUNT NO 07301228

JOB NO 01 LEAD SOURCE

Section 2. Services to be Provided

Alarm Monitoring and Notification Services	Monthly Service Charge	On Site Services	Monthly Service Charge
<input checked="" type="checkbox"/> Burglary (BA)	\$ INC.		
<input type="checkbox"/> Hold-up (HUA)	\$	<input type="checkbox"/> Guard Response <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	\$
<input type="checkbox"/> Duress	\$	<input type="checkbox"/> Other _____	\$
<input type="checkbox"/> Two-way voice	\$	Total Monthly Service Charge	\$ 43.99
<input type="checkbox"/> Critical Condition Monitoring (CCM) <input type="checkbox"/> Flood <input type="checkbox"/> Temperature	\$		Initial Fee
<input type="checkbox"/> Parallel Protection	\$	<input type="checkbox"/> Annual UL Certificate Fee	\$
<input type="checkbox"/> ADT DataSource	\$	<input type="checkbox"/> ADT to obtain Electrical Permit	
<input type="checkbox"/> Open/Close Login	\$	<input type="checkbox"/> Municipal Electrical Permit	\$
<input type="checkbox"/> Supervised Scheduled Open/Close	\$	<input type="checkbox"/> Customer to obtain and pay for initial/annual municipal alarm use permit. Failure to obtain and provide ADT with the municipal alarm use permit registration number could result in no municipal fire/police response to an alarm from the premises and/or a fine.	
<input type="checkbox"/> ADT Entry Solutions	\$	<input type="checkbox"/> Other _____	\$
Other Services		Installation Price	\$ 0
<input checked="" type="checkbox"/> Quality Service Plan (QSP)	\$ INC.	Taxable Amount (Leave blank if ADT-Owned)	\$
<input type="checkbox"/> If Quality Service Plan (QSP) is Declined Customer must Initial here _____		Non-Taxable Amount (Leave blank if ADT-Owned)	\$
<input type="checkbox"/> Preventative Maintenance/Inspections Per Year <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 12	\$	Connection Fee	\$
<input type="checkbox"/> Training	\$	Sales Tax on Installation*	\$ 0
<input type="checkbox"/> Direct Connection Services	\$	Tax Exempt No.	
		Tax Expiration Date	
<input type="checkbox"/> Monthly Recurring Municipal Fee (Subject to change based on local law) <input type="checkbox"/> Customer to obtain and pay for municipal alarm use permit	\$	Total Installation Charge*	\$ 0
		Deposit Received: 100% deposit required < \$500 Minimum 50% deposit required \$500+ <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit Card	\$ 0
If applicable sales tax not shown, it will be added to the first invoice, if not collected at the time of installation.		Balance Due	\$ 0

Section 3. Equipment to be Installed

Quantity	Device Description	Device Location
	Renewal only	



SMALL BUSINESS CONTRACT



CONTRACT DATE 04/24/13 CUSTOMER ACCOUNT NO 7302468 JOB NO 01 LEAD SOURCE

Section 1. Customer Info

ADT LLC
dba ADT Security Services ("ADT")
Office Address
OMAHA, NE

Business Name ("Customer" or "I" or "me" or "my") SARPY COUNTY SURVEYORS

Address

Premises' Address 21804 RAN RD

City GREINA State NE ZIP 68028

Responsible Party Name DANIELLE MCKULSKY Sarpy County

www.MyADT.com
800.ADT.ASAP®
(800.238.2727)

Protected Premises' Phone (Required) 4023325243 Traditional Phone Other (Qualified) Other (Non-Qualified)

Fill in if billing address is the same

Billing Address 15900 S. 84th

City PADUKILLION State NE ZIP 68046 Billing Phone (Required) 4025376902

IF FAMILIARIZATION PERIOD IS REJECTED INITIAL HERE (see Paragraph B3 of the Terms and Conditions for explanation)

EMAIL

Communications Authorization: I authorize ADT to provide me with information and updates about the security system and new ADT and third-party products and services to the contact information provided by me. I may unsubscribe or opt out by emailing donotcontact@adt.com or by calling 888.DNC4ADT (888.362.4238). Initial here

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Ownership of System and Equipment: Customer-Owned ADT-Owned

Verticals Retail Business Services Personal Services Automotive/Transportation
 Grocery/Food Health Services Restaurants Wholesale Other

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ADT Representative

[Signature]

Rep. License No. (If Required) Rep. ID No. 9108

Customer's Approval: Original Signature Required

DATE

[Signature] 05/07/13

INSTALLER NOTES (Special Instructions/Directions/Cross Street)

Renewal 43.99/mnth



SMALL BUSINESS CONTRACT



CONTRACT DATE 04/24/13

CUSTOMER ACCOUNT NO 07302068

JOB NO 01

LEAD SOURCE

Section 4. Billing

Check received for: Installation: Check # Amount \$ Check Confirmation #

Annual Service Charges Collected: Check # Amount \$ Check Confirmation #

I authorize ADT:

To withdraw all (i) Service Charges and (ii) Contract Termination Charges (see Paragraph C. 2 Term and Payments) from my bank account:

Annually Semi-Annually Quarterly Monthly
Choose one: Checking Savings

Name of Bank/Credit Union

ABA Routing Number

Bank Account Number

Recurring Service Charge Amount \$ Plus tax

Name as it appears on bank account

I authorize ADT to debit my bank account for the amount of all Recurring Service Charges and all Contract Termination Charges (see Paragraph C. 2 Term and Payments) indicated above. I may revoke this authorization only by notifying ADT and my bank in writing at least 10 business days before the scheduled debit. If no oval is filled above, service charges will be withdrawn monthly.

To charge my credit/debit card for all (i) Service Charges and (ii) Contract Termination Charges (see Paragraph C. 2 Term and Payments):

Installation Installation Deposit Only Remaining Install Balance Only
 All/Recurring Service Charges

Annually Semi-Annually Quarterly Monthly
 VISA MasterCard Discover AMEX



Credit/Debit Card Number

Expiration Date

Recurring Service Charge Amount \$ Plus tax

Cardholder's Name

If I am using a debit card, I authorize ADT to debit my bank account for the amount of all Recurring Service Charges and all Contract Termination Charges (see Paragraph C. 2 Term and Payments) indicated above. I may revoke this authorization only by notifying ADT and my bank in writing at least 10 business days before the scheduled debit. If no oval is filled above, my credit/debit card will be charged monthly.

I authorize ADT to withdraw the amounts in this section from my bank account or credit card through an Automated Clearing House ("ACH"). These payments are for the equipment and services described in this Contract. This authorization will remain in effect until the termination date of this Contract or until I cancel it in writing, whichever occurs first. I also agree to notify ADT in writing of any changes in my account information at least 15 days prior to the next billing date. If a payment date falls on a weekend or holiday, payment may be executed on the next business day. Because this is an electronic transaction, these funds may be withdrawn from my account each month as early as the transaction date. If the date or amount of the withdrawal changes, or if Contract Termination Charges (see Paragraph C. 2. Term and Payments) apply, ADT will notify me at least 10 days prior to the payment being collected. If an ACH transaction is rejected for non-sufficient funds (NSF), ADT may attempt to process the charge again within 30 days, and an NSF charge may apply. The origination of ACH transactions to my account must comply with the provisions of U.S. law. I am an authorized user of this credit card or bank account, and I will not dispute the payment with my credit card company or bank, so long as the amount corresponds to the terms indicated in this Contract.

To send me a bill: Annually Semi-Annually Quarterly Other _____ DOA Approval _____ If no oval is filled, ADT will send bill quarterly.

Authorized Account Signature: *[Signature]*

Section 5. Customer and System Data

Consolidated Billing # National Account #

National Account Manager ID Company Name **SARPY COUNTY SURVEYORS**

Cross Street

Municipality Police Name Municipality Fire Name

Job Type New Sale Changeover Resale Upgrade Renewal Control Type HW RF

Resale-Former Acct # Former CS #

Resale-Former Acct # Former CS #

Section 6. Password

This password must be issued to all users of the alarm system, including all people listed in Section 7. An optional, secondary password is available upon request. A password must be no less than three (3) and no more than five (5) characters in length and may not contain any punctuation or spaces, offensive language or non-standard spelling. Customer may change passwords and contacts by calling ADT toll-free at 800.238.2727.



SMALL BUSINESS CONTRACT



CONTRACT DATE 04/24/13

CUSTOMER ACCOUNT NO 07301229

JOB NO 01 LEAD SOURCE

Section 1. Customer Info

ADT LLC dba ADT Security Services ("ADT") Office Address

OMAHA, NE

Business Name ("Customer" or "I" or "me" or "my") Sarpy County Publics Works

Premises' Address 4405 GILES RD

City BELLEVUE State NE ZIP 68005

Responsible Party Name DANIELLE McEVILSKY Sarpy County

www.MyADT.com 1.800.ADT.ASAP (1.800.238.2727)

Protected Premises' Phone (Required) 402.733.8040 Traditional Phone Other (Qualified) Other (Non-Qualified)

Fill in if billing address is the same

Billing Address 15100 So 84th St

City PAPERILLION State NE ZIP 68046 Billing Phone (Required) 402.537.6902

IF FAMILIARIZATION PERIOD IS REJECTED INITIAL HERE (see Paragraph B3 of the Terms and Conditions for explanation)

EMAIL

Communications Authorization: I authorize ADT to provide me with information and updates about the security system and new ADT and third-party products and services to the contact information provided by me. I may unsubscribe or opt out by emailing donotcontact@adt.com or by calling 888.DNC4ADT (888.362.4238). Initial here

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ADT Representative [Signature]

Rep. License No. (If Required) Rep. ID No. 908

Signature Customer's Approval: Original Signature Required

[Signature] 05/07/13

INSTALLER NOTES (Special Instructions/Directions/Cross Street)

RENEW A1 / 43.99/mth



SMALL BUSINESS CONTRACT



CONTRACT DATE 04/24/13

CUSTOMER ACCOUNT NO 07301229

JOB NO 01

LEAD SOURCE

Section 4. Billing

Check received for: Installation: Check # Amount \$

Annual Service Charges Collected: Check # Amount \$

I authorize ADT:

To withdraw all (i) Service Charges and (ii) Contract Termination Charges (see Paragraph C. 2 Term and Payments) from my bank account:

Annually Semi-Annually Quarterly Monthly
Choose one: Checking Savings

Name of Bank/Credit Union

ABA Routing Number

Bank Account Number

Recurring Service Charge Amount \$ Plus tax

Name as it appears on bank account

I authorize ADT to debit my bank account for the amount of all Recurring Service Charges and all Contract Termination Charges (see Paragraph C. 2 Term and Payments) indicated above. I may revoke this authorization only by notifying ADT and my bank in writing at least 10 business days before the scheduled debit. If no oval is filled above, service charges will be withdrawn monthly.

To charge my credit/debit card for all (i) Service Charges and (ii) Contract Termination Charges (see Paragraph C. 2 Term and Payments):

Installation Installation Deposit Only Remaining Install Balance Only
 All/Recurring Service Charges

Annually Semi-Annually Quarterly Monthly
 VISA MasterCard Discover AMEX



Credit/Debit Card Number

Expiration Date

Recurring Service Charge Amount \$ Plus tax

Cardholder's Name

If I am using a debit card, I authorize ADT to debit my bank account for the amount of all Recurring Service Charges and all Contract Termination Charges (see Paragraph C. 2 Term and Payments) indicated above. I may revoke this authorization only by notifying ADT and my bank in writing at least 10 business days before the scheduled debit. If no oval is filled above, my credit/debit card will be charged monthly.

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To send me a bill: Annually Semi-Annually Quarterly Other _____ DOA Approval _____ If no oval is filled, ADT will send bill quarterly.

Signature: [Signature]
Authorized Account Signature: [Signature]

Section 5. Customer and System Data

Consolidated Billing # National Account #

National Account Manager ID Company Name SARPY COUNTY SURVEYORS

Cross Street

Municipality Police Name Municipality Fire Name

Job Type New Sale Changeover Resale Upgrade Renewal Control Type HW RF

Resale-Former Acct # Former CS #

Resale-Former Acct # Former CS #

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Section 7. Emergency Contact List