

CONTRACT ROUTING SHEET

Date Prepared: 10/24/16

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Kelley Golden *KB*
Phone #: 530-621-5657
Department
Head Signature: *Jan DeV.* 10/24/16

CONTRACTOR:

Name: Tri-Signal Integration
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office/ Probation Department

Service Requested: Annual testing, inspections, monthly preventive maintenance and repairs "as needed" on Fire Alarm Systems and the CCTV Camera, Intercom and electronic door controls at the South Lake Tahoe Jail and Juvenile Treatment Center

Contract Term: 11/1/16 - Perpetual Contract Value: _____

Compliance with Human Resources requirements? Yes: x No: _____

Compliance verified by: Julie Patton- 8/10/16

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: ✓ Disapproved: _____ Date: 10/27/16 By: *Stephen I. Ward*
Approved: _____ Disapproved: _____ Date: _____ By: _____

- ① Five-year term require BoS approval.
- ② Limitation on liability clause included in "Additional Terms and Conditions"
Liability limited to annual charge for services

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ✓ Disapproved: _____ Date: 10-31-16 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

AM9:15 HR/RM OCT 28 '16

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____