C						
Counsel please include this	F	3	istar# 1	1-0590	P&C # 069-S	51211
information in	> Amd I to 11-53162 > Index Code: 306500 Charge To #: 25000A					
your billing	> Project First Amendment to AGMT 11-53162 – Agreement for Maintenance					
description.	> Description:	and Repair of Trai	fic Signals an	id Associa	greement for Ma ated Equipment	intenance
	CONTRA	CT ROUT	ING S	HEE	On VS	(78)
PROCESSING D	PROCESSING DEPARTMENT:		CONTRACTOR:			
Department:	_Transportatior	า	Name:		ns Industry,	lne?
Dept. Contact:	Michele Smith		-		9	<u>D</u>
Phone:	X7591		Address:	371 Be	l Marin Keys Bl	vd ² #200
Department Head	2 2	Ni	_		, CA 94949_	14,7,7200
Signature:	Villaga -	mit2	Phone:	415-88	34-3000	<
	Michele Smith Administrative Ser	vices Offices			Algorithm and the second	00
CONTRACTING					07	SKDOO
Service Peguasto	DEPARTMENT: d of Counsel/Risk:					[7]
Contract Term:	07/01/11-06/30/1			ndmont /	Amount: ¢ 0.0	<u> </u>
Contract Term: 07/01/11-06/30/14 Amendment Amount: \$ 0.00 Compliance with Human Resources Requirements? Yes: X						
Compliance verified by: Contract Notification Sent 11/14/12; HR Response Received 11/14/12:						
-	OK per Mil	ke Strella.	,,	(copolis)	c iteceived i ji	17/12.
COUNTY COUNS	EL: (must approv	o all contracts an	I MOLIS		1	
Approved: Conol	Disapproved:			D	1 1000	1
Approved:	Disapproved:	Date: Date:		By:	KISH BER	<u> </u>
	_ bisapproved	Date.) /	By:		
	Canaliterial	appropriate !	Dog	4 - 4 -	-60 06	/ / = =
ces m	arced to	The lord	MOLGON	de mo) OCAA	ugo -
Cory	pration, NO	of Sasseen	Maria	100 10	1 poole por	
		7		Chan	icis madi	MA I
				2.1 44.1	0	
						1
						
Please forward to	o Risk Manageme	ent upon approva	l.			
RISK MANAGEM	ENT: (All contracts	s and MOUIs every	t bailarnlate			
Approved:	Disapproved:	Data:	227012 E	grant tu	inging agreem	ents)
Approved:	Disapproved:	Date:	43.7012 E	ov. File	A A MAN	
	_ bloapproved	Date. [Allalmine	by. — 1 c	AUGUIVI S	-12
Need	MSurame (certificates			_0	
Cor	tiheatis attac	hed Hallalia	415		N	
	with (1119/14			12	<u> </u>
						- 18 -)
OTHER APPROV	AL (Specify depart	tment(s) participat	ng or direct	y affecte	ed by this conti	ract).
Department(s):		····				
Approved:	Disapproved:	Date: _	B	By:		
Approved:	Disapproved:	Date: _	B	By:		