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**Fire &
Security**

SimplexGrinnell

JUNE 9, 2009

SimplexGrinnell LP
6175 Shamrock Court
Suite S

Dublin, OH 43016
Tele: 614 602-2026

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ANNUAL INSPECTION PLUS PROPOSAL

JULY 1, 2009 RENEWAL CERTIFICATE

TO: CITY OF COLUMBUS DIVISION
OF SEWER & DRAINS
1250 FAIRWOOD AVE
COLUMBUS, OHIO 43206
C# 00409525 / 530870

ATTN: MR. TIM NOBLE
PHONE: 614-645-6397
FAX: 614-645-8893

FROM: BOB UNCLES, CONTRACT ADMINISTRATOR
KYLE FINK, TOTAL SERVICE MGR.
BRYAN MULARCIK, SERVICE SALES REP.
SIMPLEXGRINNELL, LP
6175 SHAMROCK CT., SUITE S
DUBLIN, OHIO 43016

PHONE: 614-602-0455
FAX: 614-602-2040

THE ANNUAL INSPECTION PLUS PROPOSAL AGREEMENT CONTRACT FOR THE EQUIPMENT LISTED BELOW WILL EXPIRE **JUNE 30, 2009**. WE HAVE APPRECIATED THE OPPORTUNITY OF PROVIDING YOUR MAINTENANCE NEEDS DURING THE PAST YEAR. WITH YOUR APPROVAL, WE CAN ENSURE UNINTERRUPTED SERVICE FOR THE UPCOMING YEAR.

JULY 1, 2009 THROUGH JUNE 30, 2010

ANNUAL PRICE \$ 22,031.40

FIRE ALARM SYSTEMS

FULL COVERAGE 24/7 EMERGENCY SERVICE
GROUND FAULT LABOR FOR TRACING, TROUBLE SHOOTING, LOCATING
COMPLETE PANEL PART AND PERIPHERAL PARTS
BATTERY REPLACEMENT
1-100% ANNUAL INSPECTION OF 4100U SYSTEM & 911 AREA
2-100% SEMIANNUAL INSPECTIONS OF PULL STATIONS
1-50% ANNUAL DETECTOR CLEANING & SENSITIVITY TESTING

COVERED
COVERED
COVERED
COVERED
COVERED
COVERED
COVERED

ACCESS CONTROL

FULL COVERAGE 24/7 EMERGENCY SERVICE
COMPLETE PANEL PART AND PERIPHERAL PARTS
BATTERY REPLACEMENT
1-100% ANNUAL INSPECTION OF ACCESS CONTROL SYSTEM

COVERED
COVERED
COVERED
COVERED

CCTV SYSTEM

FULL COVERAGE 24/7 EMERGENCY SERVICE
COMPLETE PANEL PART AND PERIPHERAL PARTS
BATTERY REPLACEMENT
1-100% ANNUAL INSPECTION OF CCTV SYSTEM

COVERED
COVERED
COVERED
COVERED
INCLUDED

OTHER OPTIONS:

EIGHT HRS OF TRAINING DURING NORMAL BUSINESS HOURS, SCHEDULED ONLY WHEN REQUESTED BY THE CUSTOMER. THIS CAN BE FOR BOTH CARD ACCESS OR CCTV SYSTEM.

****LIFT IS TO BE PROVIDED BY THE CUSTOMER, IF/WHEN REQUIRED****

TO RENEW THIS CONTRACT, PLEASE SIGN AND FAX TO BOB UNCLES BY JUNE 30, 2009. PLEASE INCLUDE A PURCHASE ORDER NUMBER, IF YOU REQUIRE ONE TO APPEAR ON THE INVOICE. MY FAX NUMBER IS 614-602-2046.

PRICE IS BASED ON ANNUAL BILLING. PAYMENT TERMS: NET 30 DAYS.

I THANK YOU FOR THE OPPORTUNITY OF PROVIDING YOU SIMPLEXGRINNELL SERVICE IN THE PAST, AND LOOK FORWARD TO SERVING YOU IN THE FUTURE. IF YOU HAVE QUESTIONS, PLEASE FEEL FREE TO CONTACT ME.

THIS QUOTATION IS VALID FOR 30 DAYS, BUT CANCELABLE IN THE EVENT OF CAUSES BEYOND THE CONTROL OF SIMPLEXGRINNELL.

APPROVED BY: _____ DATE: _____

TITLE: _____ PO NUMBER: _____

THIS IS NOT AN INVOICE
PAYMENT IS NOT REQUIRED AT THIS TIME