CS-14-142

CONTRACT APPROVAL FORM	(Contract Management Use only) CONTRACT TRACKING NO.
CONTRACTOR INFORMATION	
Name:Bug Out Service	<u>CM1713-A1</u>
Address: 5951 Arlington Expressway, Jacksonville,	
City Contractor's Administrator Name: Effie VanGorder	State Zip Title: <u>Representative</u>
Tel#: <u>877-284-8688</u> Fax: Email:	
CONTRACT INFORMATIO	'n
Contract Name: Commercial Pest Service Agreement	Contract Value: <u>\$588.00 Annually</u>
Brief Description: <u>Continuous monthly commercial pest control services</u> began 11/1/10 for one year and shall automatically continue thereafter until susper	
Contract Dates : From:to Status: New X Auto Renew	X Amend#WA/Task Order
How Procured:Sole SourceSingle SourceITBRFPRF0	Q CoopOther
If Processing an Amendment:	
Contract #: CM1713 Increase Amount of Existing Contract: Increase \$1.00 p	per month beginning 01/01/15
New Contract Dates: <u>11-01-2011</u> to <u>Suspended by either party</u> TOTAL OR AME	ENDMENT AMOUNT: <u>\$49.00 per month</u>
Department Head Signature Date F 2. Department Head Signature Date F 2. Department Head Signature Date Solution 3. Department & Budget Date Solution 3. Department & Budget Date Solution 5. Solution of Management & Budget Date Solution 4. County Attorney (approved as to form only) Date	HASING POLICY, SECTION 6 55 04621562 - 546 20 unding Source/Acct #
Comments:	
COUNTY MANAGER – FINAL SIGNATU Ted Selby	RE APPROVAL 3/19/15 Date
RETURN ORIGINAL(S) TO CONTRACT MANAGEMENT FOR DISTRIE Original: Clerk's Services; Contractor (original or ce Copy: Department Office of Management & Budget Contract Management Clerk Finance	

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CMITB-AI



15 FEB 19 AM 7: 50



November 13, 2014 NASSAU COUNTY ANIMAL SERVICES JOE 86078 LICENSE RD FERNANDINA, FL 32034

RE: Bill-To Number: 177054 Property Address: 86078 LICENSE RD

Dear Valued Customer:

We at Bug Out Service have always strived to provide the best quality service for our customers by utilizing the best training methods, personnel, products, and equipment available.

We have a commitment to you as our customer to maintain a high level of service and support. This requires us to invest in our business in a way that will enable us to live up to our responsibilities to our customers, our co-workers, our suppliers and vendors, etc. To do this, we must occasionally increase our prices.

We have been able to avoid price increases in recent years by becoming more efficient with our resources to try to overcome the increasing costs of fuel, fertilizers, insecticides, employee benefit costs, etc. Examples of our efficiency efforts include software enhanced route optimizing, vehicle tracking systems to improve driver fuel efficiency, product usage tracking, smart purchasing, etc. We have even made the concept of "efficient use of resources" as one of our core values as a part of our company culture.

This decision to raise our price has come with a great deal of deliberation and delay while we explored all other possible solutions. The fact is, we can no longer maintain our current pricing and live up to our commitments to bring you a quality service with the high quality products we have chosen to use. We do not want to reduce the quality of service we have worked so hard to achieve by cutting or compromising on the resources needed to do the job right.

Beginning with your next **PEST PREVENTION** regularly scheduled service/billing, your service/billing rate will be \$___49.00 +TAX_____.

Please contact us if you have any questions regarding this matter. We greatly appreciate your business.

 If you are not already enrolled, take advantage of our convenient auto-pay system and save \$2.00 per month. Go online to <u>www.bugoutservice.com</u> and log on to add a credit card to your account.

Sincerely, Bug Out Service, LLC (904) 743-8272

Form #7607	Rush to Excellence	904-367-0100	Rev. 03/08	



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	SE	RVICE	. 00011 . Due		
	1-877-284-86	88 · WWW.BU	GOUTSERVICE.C	OM	5272
			Agreem		
COMPANY NAME: NOSsay County Ani	mal Servicess	ERVICE ADDRESS:	86078 Lic	ense Rd	
BILLING ADDRESS:	C	CITY, STATE, & ZIP CO	DE: Fernand,	na, 7132	034
BUSINESS PHONE: 904-225-3894		YPE OF STRUCTURE:			
CONTACT PERSON: rkitchensonassa	ucounty A.cop	ONTACT PHONE NU	MBER: 904-4	91-74	40
Pest-specific procedures and products will be provid	led for control of specij	fic pests to be determ	ined by an inspection.	Square	Feet:
Initial Treatment (First Visit)	plus tax	Initial		Linear	
Continuous Service Monthly Quarter					
Bug Out Service will provide service as necessary. B maintenance fee each month for a period of 12 con		Initial	Treatment, the Custo	mer (company) mus	t pay the monthly
HO NO	tax per Month	Quarter	Initial		
This agreement remains in force for one year and sha	all automatically contin	ue thereafter until su	spended by either party	1.	
• Other \$	plus ta	ax per		Initial	
The service will be provided as follows: After the initial service has been completed, Bu	a Out Service will inst	ect and treat the exte	rior pramisas (adjacant	to the structure) at it	atemiala an
indicated above. The interior areas will be servi				to the subcture) at h	nei vais as
Purchaser agrees to the following:					
A. To accept with no undue delay each of the					
B. To comply with Bug Out Service requestsC. When exterior service is included in this a		-			each of the
pest services. In the event we cannot gain a be applied.					
Bug Out Service will NOT be held responsible for: A. The control of any wood destroying insect	s, bed bugs, or flying in	nsects. Additional ser	rvices are available for	an additional fee.	
B. The repair or compensation for present or	future damage done to	the structure or it's c	ontents by any insect o	r rodent.	d rules of the
Customer has (3) three day right of canor Federal Trade Commission, 16 C.F.R. 429.	cenation in accord	ance with Fair	Business Practice	ACL OF 1975, at	id rules of the
Addendum t	> Anev	CALS IC	Meenney	ut du	æ,
to price ind		Diana			
		1 14036			
Letter.					
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		Julee	Branc	A.	
62.00	2/12/1-	611-1	100		
OWNER OR AGENT SIGNATURE	3/19/13 DATE	REPRISENT	TIVE SIGNATUR	P.	DATE
State State Store	DATE				DAIL

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- COUNTY	Marage	! F
TITLE	,	

REPRISENTATIVE SIGNATURE BUQOUT SERVICE DATE