CITY OF NEW HAVEN
P.O. Box 570
815 Lincoln Highway East
(260) 748-7010 (260) 748-7075 Fax
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AGENDA
Board of Public Works & Safety Regular Agenda
August 18, 2026, at 9:00 AM
City Hall Community Room
815 Lincoln Highway E.

I. CALL TO ORDER

A. Pledge of Allegiance

B. Roll Call

C. Pay Claims and Register

D. Approval of Minutes from the previous meeting

II. OLD BUSINESS

III. NEW BUSINESS

Mayor-City Hall

A. Approval of Nup Media Agreement in the amount of $7,000.00 for the build and launch of an advocacy website in support of Railroad Petition Campaign

B. Approval of Nup Media invoice #397 in the amount of $7,000.00 for Website and Development for the Move the Train Campaign

C. Approval of Pape Enterprises Proposed City Support & Equipment Budget not to exceed $9,800.00 for assistance with the NHTracks app and software

D. Approval of Koorsen Fire and Security Agreement #442730 in the amount of $2,108.10 for City Hall sprinkler system inspections

E. Approval of stipend increase for Community Development Director Zach Washler in the amount of $76.92 bi-weekly with the total being $2,000.00 annually for CDBG Certification Stipend

Clerk-Treasurer

F. Approval of new hire Marissa Almodovar as a part-time Utility Billing Clerk with a pay rate of $15.06 an hour effective 08/12/2026

G. Approval of a 90-day pay increase for Deputy Clerk Amy McCracken from $25.65 hourly to $27.26 hourly effective 8/10/2026

H. Approval of salary increase for HR Director Laney Barrow from $2,959.20 to $3,077.57 bi-weekly effective 8/24/2026

Engineering Department

I. Approval of DLZ invoice #610851 in the amount of $562.50 for On-Call Plan Review

J. Approval of DLZ Invoice #610853 in the amount of $91,808.09 for the South Maplecrest Road improvements

Planning

K. Approval of salary increase for Assistant Planner Samantha Oyler from $24.10 hourly to $26.75 hourly effective 8/24/2026

Economic & Community Development

L. Approval of Special Event Permit EV-26-12 for the New Haven High School Homecoming Parade

M. Approval of Special Event Form EV-26-13 for First Wednesday Historic Broadway

N. Approval of salary increase for Community Health Coordinator Caylee Steward from $28.85 hourly to $29.85 hourly effective 8/10/2026

Police

O. Approval of First Due Communications Quote 26102 in the amount of $12,804.72 for upfit of the 2026 Tahoe

P. Approval of MNJ Technologies Quote S001825963 in the amount of $11,164.35 for computers

Public Works/Utility

Q. Approval of Koorsen Fire and Security Agreement #442747 in the amount of $1,469.46 for Public Works building sprinkler inspections

R. Approval of new hire Joe King as a Full-Time Public Works employee with a pay rate of $27.10 an hour effective 8/17/2026

IV. ANY OTHER BUSINESS THAT MIGHT COME BEFORE THE BOARD

V. ADJOURNMENT

MEMBER	TERM
Steve McMichael Chairman	01/01/24-12/31/27
Bob Byrd Citizen Member	01/01/25-12/31/26
Ivan Almodovar Citizen Member	06/16/25-12/31/26

Meetings are archived and can be viewed live at https://newhavenin.portal.civicclerk.com/.

August 6, 2026

MINUTES OF A SPECIAL MEETING OF THE BOARD OF PUBLIC WORKS & SAFETY OF THE CITY OF NEW HAVEN, INDIANA

The Board of Public Works & Safety of the City of New Haven Indiana met in the City Hall Community Room on the August 6, 2026 at the hour of 9:00 AM in a Special session in accordance with the rules of the Council.

I. CALL TO ORDER

The meeting was called to order by Bob Byrd, who presided.

A. Pledge of Allegiance

Bob Byrd asked everyone to stand and recite the Pledge of Allegiance

B. Roll Call

On the call of the roll, the members of the Board of Public Works & Safety were shown to be present or absent as follows:

Present: Bob Byrd, Ivan Almodovar

Absent: Steve McMichael

C. Pay Claims and Register

D. Approval of Minutes from the previous meeting

A. Approval of minutes from the July 21, 2026 meeting

Bob Byrd made a motion to approve the minutes from the July 21, 2026, meeting, Ivan Almodovar seconded the motion, and the motion was approved.

II. OLD BUSINESS

III. NEW BUSINESS

Mayor-City Hall

B. Approval of Comcast Enterprise Services Master Services Agreement (MSA) IN-23601831-JRose for the EPL line from City Hall to the Rousseau Center downtown

Under new business item B, was the approval of Comcast Enterprise Services Master Services Agreement (MSA) IN-23601831-JRose for the EPL line from City Hall to the Rousseau Center downtown. Bob Byrd made a motion to approve Comcast Enterprise Services Master Services Agreement (MSA) IN-23601831-JRose for the EPL line from City Hall to the Rousseau Center downtown. Ivan Almodovar seconded the motion, and the motion was approved.

C. Approval of Comcast Enterprise Services Sales Order Form #IN-23601831-JRose-30735417 in the amount of $107.80 monthly rate for a 60-month service term, for EPL for the Police Department

Under new business item C, was the approval of Comcast Enterprise Services Sales Order Form #IN-23601831-JRose-30735417 in the amount of $107.80 monthly rate for a 60-month service term, for EPL for the Police Department. Ivan Almodovar made a motion to approve Comcast Enterprise Services Sales Order Form #IN-23601831-JRose-30735417 in the amount of $107.80 monthly rate for a 60-month service term, for EPL for the Police Department. Bob Byrd seconded the motion, and the motion was approved.

D. Approval of Comcast Enterprise Services Sales Order Form #IN-23601831-JRose-30735549 in the amount of $640.00 monthly rate for a 60-month service term for for a full backup internet line

Under new business item D, was the approval of Comcast Enterprise Services Sales Order Form #IN-23601831-JRose-30735549 in the amount of $640.00 monthly rate for a 60-month service term for a full backup internet line. Bob Byrd made a motion to approve approval of Comcast Enterprise Services Sales Order Form #IN-23601831-JRose-30735549 in the amount of $640.00 monthly rate for a 60-month service term for a full backup internet line. Ivan Almodovar seconded the motion, and the motion was approved.

Clerk-Treasurer

Engineering Department

E. Approval of USI invoice #27536 in the amount of $30,281.25 for Linden Road and Rose Avenue - Landscape and Architecture

Under new business item E, was the approval of USI invoice #27536 in the amount of $30,281.25 for Linden Road and Rose Avenue-Landscape and Architecture. Ivan Almodovar made a motion to approve USI invoice #27536 in the amount of $30,281.25 for Linden Road and Rose Avenue-Landscape and Architecture. Bob Byrd seconded the motion, and the motion was approved.

F. Approval of USI invoice #27535 in the amount of $9.694.12 for Linden Road and Rose Avenue RAB (design)

Under new business item F, was the approval of USI invoice #27535 in the amount of $9,694.12 for Linden Road and Rose Avenue RAB (design). Bob Byrd made a motion to approve USI invoice #27535 in the amount of $9,694.12 for Linden Road and Rose Avenue RAB (design) Ivan Almodovar seconded the motion, and the motion was approved.

G. Approval of BF&S invoice #113526 in the amount of $10,970.86 for Minnich Road Trail Inspection

Under new business item G, was the approval of BF&S invoice #113526 in the amount of $10,970.86 for Minnich Road Trail Inspection. Ivan Almodovar made a motion to approve BF&S invoice #113526 in the amount of $10,970.86 for Minnich Road Trail Inspection, Bob Byrd seconded the motion, and the motion was approved.

H. Approval of BF&S invoice #113292 in the amount of $1,634.73 for professional services from April 1, 2026 to June 30, 2026

Under new business item H, was the approval of BF&S invoice #113292 in the amount of $1,634.73 for professional service from April 1, 2026, to June 30, 2026. Bob Byrd made a motion to approve BF&S invoice #113292 in the amount of $1,634.73 for professional service from April 1, 2026, to June 30, 2026. Ivan Almodovar seconded the motion, and the motion was approved.

I. Approval of Trainfo Solar Powered Beacon in the amount of $10,200.00

Under new business item I, was the approval of a Trainfo Solar Powered Beacon quote, in the amount of $10,200.00. Ivan Almodovar made a motion to approve the Trainfo Solar Powered Beacon quote, in the amount of $10,200.00. Bob Byrd seconded the motion, and the motion was approved.

J. Approval of final change order #001 for API Sherbrook Drive project in the increased amount of $13,357.25 for a final contract total of $186,157.25, which is 7.72% over the original bid amount of $172,800.00 and to accept this project as final.

Under new business item J, was the approval of final change order #001 for the API Sherbrook Drive project in the increased amount of $13,357.25 for a final contract total of $186,157.25, which is 7.72% over the original bid amount of $172,800.00 and to accept this project as final. Bob Byrd made a motion to approve final change order #001 for the API Sherbrook Drive project in the increased amount of $13,357.25 for a final contract total of $186,157.25, which is 7.72% over the original bid amount of $172,800.00 and to accept this project as final. Ivan Almodovar seconded the motion, and the motion was approved.

K. Approval of Traffic Operations quote in the amount of $7,657.14 for Adams Center Road and Moeller Road

Under new business item K, was the approval of a Traffic Operations quote in the amount of $7,657.14 for Adams Center Road and Moeller Road. Ivan Almodovar made a motion to approve a Traffic Operations quote in the amount of $7,657.14 for Adams Center Road and Moeller Road. Bob Byrd seconded the motion, and the motion was approved.

L. Approval of final balancing change order #004 for API Minnich Road Project in the amount of $3,868.60 for Minnich Road Trail

Under new business item L, was the approval of final balancing change order #004 for API

Minnich Road Project in the amount of $3,868.60 for Minnich Road Trail. Bob Byrd made a motion to approve final balancing change order #004 for API Minnich Road Project in the amount of $3,868.60 for Minnich Road Trail. Ivan Almodovar seconded the motion, and the motion was approved.

Planning

M. Approval of Abonmarche Professional Services Agreement in the amount of NTE $30,000.00 for on-call services

Under new business item M, was the approval of Abonmarche Professional Services Agreement in the amount of NTE $30,000.00 for on-call services. Ivan Almodovar made a motion to approve Abonmarche Professional Services Agreement in the amount of NTE $30,000.00 for on-call services. Ivan Almodovar made a motion to approve Abonmarche Professional Services Agreement in the amount of NTE $30,000.00 for on-call services. Bob Byrd seconded the motion, and the motion was approved.

Economic & Community Development

N. Approval of Crossroads invoice #72226 in the amount of $503,398.00 for READI funds reimbursement

Under new business item N, was the approval of Crossroads invoice #72226 in the amount of $503,398.00 for READI funds reimbursement. Bob Byrd made a motion to approve Crossroads invoice #72226 in the amount of $503,398.00 for READI funds reimbursement. Ivan Almodovar seconded the motion, and the motion was approved.

Police

O. Approval of PCN Strategies quote #1023670 in the amount of $18,592.75 for 5 Getac computers and related equipment

Under New Business Item O was the approval of PCN Strategies Quote #1023670 in the amount of $18,592.75 for five Getac computers and related equipment. Bob Byrd made a motion to amend the agenda to update Quote #1023670 to Quote #1023846, changing the amount from $18,592.75 to $35,097.91 to include five additional computers. Ivan Almodovar seconded the motion, and the motion was approved.

Ivan Almodovar made a motion to approve amended quote #1023746 in the amount of $35,097.91 for 10 Getac computers and related equipment. Bob Byrd seconded the motion, and the motion was approved.

P. Approval to remove Motorola s/n M505-004318 from asset list

Under new business item P, was the approval to remove Motorola s/n M505-004318 from the asset list. Bob Byrd made a motion to approve removing Motorola s/n M505-004318 from the asset list. Ivan Almodovar seconded the motion, and the motion was approved.

Q. Approval of status change for Anthony Hevel from full-time Patrolman to full-time

Business Resource Officer effective 08/09/2026

Under new business item Q, was the approval of a status change for Anthony Hevel from full-time Patrolman to full-time Business Resource Officer effective 08/09/2026. Ivan Almodovar made a motion to approve a status change for Anthony Hevel from full-time Patrolman to full-time Business Resource Officer, effective 08/09/2026. Bob Byrd seconded the motion, and the motion was approved.

R. Approval of status change for Michael Doughty from Partolman to Corporal with a salary change from $2,702.32 to $2,797.11 effective 08/09/2026

Under new business item R, was the approval of a status change for Michael Doughty from Partolman to Corporal with a salary change from $2,702.32 biweekly to $2,797.11 biweekly effective 08/09/2026. Bob Byrd made a motion to approve a status change for Michael Doughty from Partolman to Corporal with a salary change from $2,702.32 biweekly to $2,797.11 biweekly effective 08/09/2026. Ivan Almodovar seconded the motion, and the motion was approved.

Public Works/Utility

S. Approval of Midwest Meter Inc. invoice #0190486-IN in the amount of $26,022.95 for water meter inventory

Under new business item S, was the approval of Midwest Meter Inc. invoice #0190486-IN in the amount of $26,022.95 for water meter inventory. Ivan Almodovar made a motion to approve Midwest Meter Inc. invoice #0190486-IN in the amount of $26,022.95 for water meter inventory. Bob Byrd seconded the motion, and the motion was approved.

T. Approval of Hi-Tech invoice #2117696 in the amount of $30,310.85 for light replacement at City Hall

Under new business item T, was the approval of Hi-Tech invoice #2117696 in the amount of $30,310.85 for light replacement at City Hall. Bob Byrd made a motion to approve Hi-Tech invoice #2117696 in the amount of $30,310.85 for light replacement at City Hall. Ivan Almodovar seconded the motion, and the motion was approved.

U. Approval of Havel invoice #19265561 in the amount of $29,589.69 for repairs at the utility shop

Under new business item U, was the approval of Havel invoice #19265561 in the amount of $29,589.69 for repairs at the utility shop. Ivan Almodovar made a motion to approve Havel invoice #19265561 in the amount of $29,589.69 for repairs at the utility shop. Bob Byrd seconded the motion, and the motion was approved.

IV. ANY OTHER BUSINESS THAT MIGHT COME BEFORE THE BOARD

V. ADJOURNMENT

Ivan Almodovar made a motion to adjourn the meeting, Bob Byrd seconded the motion, and the meeting was adjourned.

_____	_____
Bob Byrd	Angie Hamrick
Presiding Officer	Clerk Treasurer

WEBSITE DEVELOPMENT AGREEMENT

This Website Development Agreement ("Agreement") is made effective as of the date of last signature below ("Effective Date"), by and between:

City of New Haven, Indiana ("Client")
815 Lincoln Highway East, New Haven, IN 46774
Attn: Ivan Almodovar, City Asset Manager & Chief of Staff — ialmodovar@newhaven.in.gov

and

NUP Media LLC
12940 Page Hill Ct
Fort Wayne, IN 46818
contact@nup-media.com
("Provider")

Each may be referred to individually as a "Party" and collectively as the "Parties."

1. PURPOSE OF ENGAGEMENT

Client desires to engage Provider on a one-time, fixed-fee project basis to design, build, and launch a dedicated advocacy website in support of Client's Railroad Investment Petition Campaign (the "Project"). The specific deliverables, timeline, and fees for the Project are set forth in Exhibit A (Scope of Work) and Exhibit B (Fee Schedule), each of which is incorporated into this Agreement by reference. Provider agrees to perform such services under the terms set forth herein.

2. SCOPE OF SERVICES

Provider shall design and deliver the advocacy website described in Exhibit A (Scope of Work), including on-site petition functionality, custom design, mobile optimization, launch-ready deployment, and domain registration and hosting, by the delivery date specified in Exhibit A. Provider shall deliver only those services expressly described in Exhibit A.

2.1 Exclusions

Unless expressly included in Exhibit A, the following are not covered under this Agreement:
Ongoing website maintenance or content updates following launch (billed at $90 USD/hour after delivery; see Section 5.4)
Paid media strategy, ad creative production, or campaign management (available as a separate, standalone monthly engagement)
Third-party software or platform costs not associated with hosting the Project
Out-of-pocket production costs (talent fees, location rentals, licensed stock, printing, shipping)
Legal, accounting, or compliance review of petition or campaign materials
Any additional services require a written change order or a separate agreement.

3. DELIVERABLES & REVISIONS

3.1 Deliverable

Provider shall deliver the completed website described in Exhibit A, ready for launch, no later than July 28, 2026, provided Client meets its responsibilities under Section 4 on a timely basis.

3.2 Revisions

The deliverable includes up to two (2) rounds of consolidated revisions following initial presentation of the site. Additional revision rounds, or changes to scope after Client's initial sign-off, will be handled via a written change order and quoted separately.

3.3 Delays Caused by Client

Delays caused by Client (including missed reviews, untimely approvals, or delayed asset delivery) may extend the delivery date set forth in Exhibit A without penalty to Provider, and do not reduce the total fee owed.

4. CLIENT RESPONSIBILITIES

Client shall:
Provide timely access to brand assets, existing content, and any required system access
Designate a single decision-maker for approvals: Ivan Almodovar, City Asset Manager & Chief of Staff
Review and approve deliverables within 5 business days of receipt
Return consolidated feedback within 5 business days of receipt
Ensure all Client-provided content is accurate, owned or properly licensed by Client, and free from infringing or unlawful material
Delays caused by Client (including missed reviews, untimely approvals, or delayed asset delivery) may extend deliverable timelines without penalty to Provider, and do not reduce the total fee owed.

5. FEES & PAYMENT

5.1 Total Project Fee & Payment Schedule

Total fixed project fee: $7,000 USD, as further detailed in Exhibit B. This is a one-time fee for the Project and is not a recurring or monthly charge.
Payment schedule:
Fifty percent (50%) of the total project fee ($3,500 USD) is due upon execution of this Agreement. The remaining fifty percent (50%) ($3,500 USD) is due upon delivery of the completed website. Invoices are due Net 15 days from issuance.
Hosting is billed at a flat $500 USD per year, billed annually in advance starting at launch; this fee does not include ongoing maintenance or content updates. Domain registration is billed separately at cost.
Final invoice: upon completion or earlier termination, a final invoice will be issued for all fees and costs owed through the effective date, due on the same Net terms.

5.2 Late Payment

Invoices not paid within the due window accrue interest at one and one-half percent (1.5%) per month, or the maximum rate permitted by law, whichever is lower. Provider may pause work on the Project if payment is more than ten (10) days overdue, without liability for resulting delays. Provider will resume work upon receipt of all outstanding amounts plus accrued interest.

5.3 Hosting & Domain

Provider will register the domain and provide hosting for the site on Client's behalf, at a flat fee of $500 USD per year, billed annually in advance starting at launch. This hosting fee does not include ongoing website maintenance or content updates.

5.4 Post-Launch Updates

Any updates, edits, or maintenance to the website requested after delivery of the completed website are billed at $90 USD per hour, in addition to the annual hosting fee, and are not included in the Total Project Fee.

6. PROJECT TERM

This Agreement begins on the Effective Date and continues until the earlier of (a) Client's final written acceptance of the completed website, or (b) thirty (30) days after Provider delivers the completed website for review, at which point the deliverable is deemed accepted if Client has not provided written objection. This is a single-project engagement and does not automatically renew.

7. TERMINATION

7.1 Termination for Convenience

Either Party may terminate this Agreement for convenience prior to final delivery by providing the other Party with written notice. Upon such termination, Client shall pay Provider for all work performed through the effective termination date, calculated as a pro-rata share of the total project fee based on the percentage of the Scope of Work completed, plus any non-cancellable third-party costs already incurred on Client's behalf.

7.2 Termination for Cause

Either Party may terminate this Agreement immediately upon written notice if the other Party materially breaches this Agreement and fails to cure such breach within fifteen (15) days of written notice. Non-payment of undisputed invoices that remains uncured for fifteen (15) days following notice constitutes a material breach.

7.3 Effect of Termination

Upon termination for any reason:
Client shall pay for all services performed and all non-cancellable third-party commitments incurred on Client's behalf through the effective termination date, on the Net terms set forth in Section 5.1.
Provider will deliver final approved work product covered by paid invoices and reasonably cooperate with the orderly transition of platform access, subject to Section 8 (Intellectual Property).
Sections that by their nature survive (including confidentiality, indemnification, limitation of liability, IP, and dispute resolution) shall survive termination.

8. INTELLECTUAL PROPERTY

8.1 Final Deliverables

Upon full payment of all invoices owed under this Agreement, Provider assigns to Client all right, title, and interest in the final, approved website and associated assets produced specifically for Client under this Agreement, including the on-site petition functionality and custom design.

8.2 Provider Materials

Provider retains all right, title, and interest in its pre-existing materials, tools, processes, frameworks, templates, working files, internal documentation, and any general know-how developed in the course of performing the services. Provider grants Client a non-exclusive license to use such Provider materials solely as embedded in the final approved deliverables.

8.3 Third-Party Materials

The deliverable may incorporate licensed third-party assets (stock images, fonts, plugins, hosting or CMS platforms). Such assets remain governed by their original licenses; ownership does not transfer to Client.

8.4 Drafts and Unapproved Work

Drafts, concepts, and unapproved work remain the property of Provider and may not be used by Client without separate written agreement.

9. CONFIDENTIALITY

Each Party agrees to hold the other Party's non-public business, financial, technical, and strategic information in confidence and to use it solely for the purposes of this Agreement. This obligation survives termination for three (3) years. Confidentiality does not apply to information that is (i) publicly available through no fault of the receiving Party, (ii) independently developed without reference to the disclosing Party's information, (iii) rightfully received from a third party, or (iv) required to be disclosed by law or valid legal process, including applicable public records laws.

10. PORTFOLIO & MARKETING RIGHTS

Provider may, without further consent from Client:
Identify Client as a customer of Provider, including using Client's name and logo, on Provider's website, marketing materials, social media, sales decks, and case study collateral.
Display the final, publicly-launched website produced for Client in Provider's portfolio.
Reference, in general terms, the nature of the engagement and the categories of services performed.
Use of specific quotes from Client representatives, or publication of non-public results, requires Client's prior written approval (email sufficient).

11. LIMITATION OF LIABILITY

EXCEPT FOR EACH PARTY'S CONFIDENTIALITY OBLIGATIONS, INDEMNIFICATION OBLIGATIONS, AND CLIENT'S PAYMENT OBLIGATIONS, EACH PARTY'S TOTAL CUMULATIVE LIABILITY ARISING OUT OF OR RELATED TO THIS AGREEMENT, REGARDLESS OF THE FORM OF ACTION, SHALL NOT EXCEED THE TOTAL FEES PAID BY CLIENT TO PROVIDER UNDER THIS AGREEMENT. IN NO EVENT SHALL EITHER PARTY BE

LIABLE FOR ANY INDIRECT, INCIDENTAL, CONSEQUENTIAL, SPECIAL, OR PUNITIVE DAMAGES, INCLUDING LOST PROFITS, LOST REVENUE, OR LOST BUSINESS OPPORTUNITIES, EVEN IF ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

12. MUTUAL INDEMNIFICATION

Each Party (the "Indemnifying Party") agrees to defend, indemnify, and hold harmless the other Party and its officers, directors, employees, and agents from and against any third-party claims, damages, liabilities, and reasonable attorneys' fees arising from:
By Client: any content, data, trademarks, claims, or materials provided by Client; or Client's use of the deliverable outside the scope licensed under this Agreement.
By Provider: any original work product created by Provider that is alleged to infringe a valid U.S. copyright, trademark, or trade secret of a third party, excluding any infringement caused by Client-provided materials or Client-directed use.
The indemnified Party shall promptly notify the Indemnifying Party of any claim, provide reasonable cooperation in the defense, and grant the Indemnifying Party sole control of the defense and any settlement (provided no settlement imposes liability or admission on the indemnified Party without consent).

13. THIRD-PARTY SERVICES

The Project may depend on third-party platforms, vendors, and tools, including but not limited to hosting providers, domain registrars, content management systems, and analytics tools. Provider is not responsible for:
Outages, policy changes, fee changes, feature deprecations, or account-level actions taken by such third parties
Loss of data caused by third-party services
Provider will use commercially reasonable efforts to mitigate the impact of third-party changes but does not guarantee any specific outcome, uptime, traffic level, or number of petition signatures.

14. NOTICES

All formal notices under this Agreement must be in writing and delivered by (a) email with confirmation of receipt or (b) certified mail, return receipt requested, addressed as follows:
To Client: ialmodovar@newhaven.in.gov and 815 Lincoln Highway East, New Haven, IN 46774
To Provider: contact@nup-media.com and 12940 Page Hill Ct, Fort Wayne, IN 46818
Either Party may update its notice address by written notice to the other.

15. INDEPENDENT CONTRACTOR

Provider is engaged as an independent contractor. Nothing in this Agreement creates a partnership, joint venture, employer-employee, or agency relationship between the Parties. Neither Party has authority to bind the other to any third-party obligation without prior written consent. Provider is solely responsible for its own taxes, insurance, and employment obligations with respect to its personnel.

16. ASSIGNMENT

Neither Party may assign this Agreement, in whole or in part, without the other Party's prior written consent, which shall not be unreasonably withheld. Notwithstanding the foregoing, either Party may assign this Agreement to a successor in interest in connection with a merger, acquisition, reorganization, or sale of substantially all of its assets, upon written notice to the other Party.

17. DISPUTE RESOLUTION

The Parties shall first attempt to resolve any dispute arising out of or relating to this Agreement through good-faith negotiation. If the dispute is not resolved within thirty (30) days of written notice, the Parties shall submit the dispute to non-binding mediation in Allen County, Indiana, with a mutually selected mediator, sharing the mediator's fees equally. If the dispute is not resolved through mediation within sixty (60) days of submission, either Party may proceed to litigation. The exclusive venue for any litigation arising out of or relating to this Agreement shall be the state or federal courts located in Allen County, Indiana, and each Party consents to personal jurisdiction therein.

18. MISCELLANEOUS

18.1 Governing Law

This Agreement is governed by and construed in accordance with the laws of the State of Indiana, without regard to its conflict of laws principles.

18.2 Entire Agreement

This Agreement, together with Exhibit A and Exhibit B, constitutes the entire agreement between the Parties with respect to its subject matter and supersedes all prior oral or written agreements, proposals, and understandings. Any amendment must be in writing and signed by both Parties.

18.3 Severability

If any provision of this Agreement is held to be invalid or unenforceable, the remaining provisions shall remain in full force and effect, and the invalid provision shall be modified to the minimum extent necessary to render it enforceable while preserving the original intent of the Parties.

18.4 Waiver

No waiver of any provision of this Agreement shall be effective unless in writing and signed by the waiving Party. No waiver on one occasion shall constitute a waiver on any subsequent occasion.

18.5 Counterparts and Electronic Signatures

This Agreement may be executed in counterparts, each of which shall be deemed an original and which together shall constitute one and the same instrument. Signatures delivered by electronic means (including DocuSign, Adobe Sign, or scanned PDF) shall be deemed original signatures for all purposes.

18.6 Force Majeure

Neither Party shall be liable for any failure or delay in performance (excluding payment obligations) caused by events beyond its reasonable control, including acts of God, natural disasters, pandemics,

war, terrorism, civil unrest, government action, labor disputes, or widespread internet or platform outages.

SIGNATURES

IN WITNESS WHEREOF, the Parties have executed this Website Development Agreement as of the Effective Date.

CLIENT:
City of New Haven, Indiana

By: _____
Name: Ivan Almodovar
Title: City Asset Manager & Chief of Staff
Date: 7/15/2024

PROVIDER:
NUP Media LLC

By: _____
Name: Ignacio Poncio
Title: Founder & CEO
Date: _____

EXHIBIT A — SCOPE OF WORK

Project: Railroad Investment Petition Campaign — Advocacy Website. Modeled on: noquarryonhomestead.com.

Timeline Option Selected

Option A — Expedited: delivered July 28, 2026.

Included in Scope

On-site petition functionality (petition lives directly on Client's website, not a third-party platform)
Custom design aligned to the campaign's messaging and Client's brand
Mobile optimization
Launch-ready deployment
Domain registration and hosting ($500 USD/year, billed annually; does not include maintenance or content updates), provided and managed by Provider on Client's behalf (see Section 5.3, 5.4, and Exhibit B)

Data & Ownership

All petition signatures, shares, and associated data collected through the site are owned by and remain with Client; Provider does not hand data to an outside platform.

Not Included

The optional Paid Media Campaign (management fee plus ad spend, targeting traffic to the petition) was proposed as a separate, standalone, month-to-month add-on and is not part of this Agreement. It may be added later under a separate written agreement.

EXHIBIT B — FEE SCHEDULE

Total Project Fee: $7,000 USD (Option A — Expedited).
Payment Schedule: 50% ($3,500 USD) due upon execution of this Agreement; 50% ($3,500 USD) due upon delivery of the completed website.
Invoice Terms: Net 15 days from issuance (applicable to hosting/domain and any out-of-pocket invoices).

Hosting & Domain:
Hosting: $500 USD per year, billed annually in advance, in addition to the Total Project Fee. Domain registration billed separately at cost. Does not include ongoing maintenance or content updates.
Post-Launch Updates:
Any updates, edits, or maintenance requested after delivery of the completed website are billed at $90 USD per hour.
Out-of-Pocket Expenses:
Other costs (e.g., licensed stock, paid software or subscriptions purchased specifically for the Project) are passed through at cost and pre-approved by Client before being incurred.

Payment Methods:
ACH, wire, check, or credit card (3% processing fee applies to credit card payments).

INVOICE

NUP Media LLC
12940 Page Hill Ct
Fort Wayne, IN 46818

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+1 (260) 388-9155
www.nup-media.com

Bill to
Ivan Almodovar
New Haven Indiana

Ship to
Ivan Almodovar
New Haven Indiana

Invoice details
Invoice no.: 397
Terms: Net 15
Invoice date: 08/03/2026
Due date: 08/18/2026

#	Product or service	Description	Amount
1.	**Sales**	Website & Development	$7,000.00

Total **$7,000.00**

Ways to pay

BANK

View and pay

NHTracks.org

PROPOSED CITY SUPPORT & EQUIPMENT BUDGET

A project of Pape Enterprises Inc.

Project: New Haven Railroad Crossing Information & Automated Detection Expansion

Purpose: Support continued development and expansion of NHTracks, a community railroad-crossing information system combining crowdsourced reporting with automated train detection at selected high-priority crossings. This support also provides a partial offset of privately funded pilot, equipment, programming and development costs already incurred.

Proposed Use	Proposed Support
Partial offset of previously incurred pilot equipment, programming, development, hosting, domain, research and testing expenses	$5,000
Additional automated detection hardware & related equipment	$2,000
Weatherproof enclosures, mounting, solar/power & installation materials	$1,000
Continued software development & system integration	$800
Field deployment, testing & miscellaneous expansion costs	$1,000
TOTAL PROPOSED CASH SUPPORT	UP TO $9,800

Existing Investment: The $5,000 allocation above represents only a partial offset of NHTracks' actual investment to date. Significant additional privately funded expenses and uncompensated development time have already been invested in the creation, programming, testing and pilot operation of NHTracks. A substantial portion of this work has been undertaken as a community-focused effort to benefit New Haven.

City of New Haven In-Kind Support

4 Wi-Fi / cellular hotspot units for the initial automated-detection deployment at Broadway Street and Landin Road	In-Kind
Activation and setup of the 4 hotspot units	In-Kind
Ongoing cellular / Wi-Fi connectivity and service for the 4 units	In-Kind
Approved access to City-owned property and/or right-of-way for placement, installation, maintenance and operation of NHTracks detection equipment	In-Kind
Signs and/or banners at approved street locations to promote NHTracks reporting, awareness and community participation	In-Kind

Initial Deployment & Expansion

NHTracks currently provides crowdsourced reporting for nine New Haven railroad crossings. The initial four City-supported connectivity units are intended specifically to support automated train detection at Broadway Street and Landin Road, two primary crossings affecting New Haven's downtown traffic corridor.

This initial deployment is a starting point, not the limit of the system. Additional railroad crossings exist throughout New Haven, and NHTracks can expand automated detection to additional crossings as the technology continues to prove itself, community needs are identified, and additional equipment and connectivity become available.

Ownership & Independence

NHTracks is a project of Pape Enterprises Inc. All NHTracks software, programming, technology, systems, databases, data architecture, branding, domain names, intellectual property, processes, equipment purchased by Pape Enterprises Inc./NHTracks, and future developments remain the sole property of Pape Enterprises Inc.

City cash and in-kind support is solely for development, testing, deployment and operation of NHTracks in the New Haven community and does not create any ownership interest, partnership, joint venture, equity interest or other proprietary interest in Pape Enterprises Inc., NHTracks or its technology.

Any hotspot equipment owned and supplied by the City may remain City property while made available for NHTracks use. Placement of NHTracks equipment on City property or right-of-way does not convey City ownership or control of NHTracks equipment, platform, software, technology, systems, branding or intellectual property.

NHTracks remains independently owned and operated by Pape Enterprises Inc.

PROPOSED CITY OF NEW HAVEN SUPPORT	Up to $9,800 cash support payable to Pape Enterprises Inc. + 4 Wi-Fi/cellular hotspot units for Broadway Street and Landin Road, activation, ongoing connectivity/service, approved installation access, and approved signs/banners provided in-kind

* Continued software development, system integration and future expansion may require ongoing City support beyond this initial proposal. Any future support would be mutually agreed upon based on the scope of services and expansion.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Pape Enterprises, Inc.

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

511 Broadway St.

6 City, state, and ZIP code

New Haven, IN 46774

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

35		–	1	8	0	8	3	8	5

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** ,President **Date** 08/08/2026

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);

2. Certify that you are not subject to backup withholding; or

3. Claim exemption from backup withholding if you are a U.S. exempt payee; and

4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and

5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;

2. You do not certify your TIN when required (see the instructions for Part II for details);

3. The IRS tells the requester that you furnished an incorrect TIN;

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or

5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

2—The United States or any of its agencies or instrumentalities.

3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.

5—A corporation.

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.

7—A futures commission merchant registered with the Commodity Futures Trading Commission.

8—A real estate investment trust.

9—An entity registered at all times during the tax year under the Investment Company Act of 1940.

10—A common trust fund operated by a bank under section 584(a).

11—A financial institution as defined under section 581.

12—A middleman known in the investment community as a nominee or custodian.

13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5.[2]
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

[1] See Form 1099-MISC, Miscellaneous Information, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/EIN*. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Go to *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

Koorsen® FIRE & SECURITY

Proposal for Inspection Services
Proposal: 442730 Date: 6/24/2026

Submitted To (Customer):		Provided By:	
City of New Haven	Ivan Almodovar	**Koorsen Fire & Security**	Gina Barfield
PO Box 570	ialmodovar@newhaven.in.gov	3505 Focus Dr	gina.barfield@koorsen.com
New Haven, IN 46774	(260) 446-2410	Ft. Wayne, IN 46818-4505	Cell: (260) 740-6917
Acct: 1000000368			888-Koorsen (566-7736)

Service Location (if different than above):
City of New Haven
815 Lincoln Hwy E
New Haven, IN 46774
Acct: 1000003152

Billing: Time of Service

Koorsen Fire & Security is committed to providing you the best service and solutions to safeguard your facility and occupants from fire hazards and security concerns. Koorsen has been an industry leader since 1946 and will continue its strong tradition as one of the top fire and life safety providers. We appreciate the opportunity to provide the professional fire protection products and services your company demands and trusts.

The following services are included in this agreement as indicated below and as described on the attached pages.

Service	Contract Length	# Inspections per Year	Per Inspection	Annual Fee
5-Year Internal Pipe	1 Year	1	$720.00	$720.00
Backflow Devices	1 Year	1	$178.50	$178.50
Fire Alarm & Detection Systems	1 Year	1	$605.45	$605.45
Fire Sprinkler Systems	1 Year	1	$497.25	$497.25
			Total (annual fee for all services indicated above):	**$2,001.20**
			Total of Misc. Fees (Compliance, Portal, Municipality):	**$106.90**
			Total Annual Commitment:	**$2,108.10**

Note: Sales tax, if applicable, is NOT included in the price above. A processing fee of 3% will be added to any credit card transaction.

Billing: An invoice for the total annual fee will be sent upon signed acceptance of this agreement or billed as indicated above. Upon credit approval, all charges shall be paid NET 30 Days from the date of invoice.

By signing below, Customer accepts all terms and conditions outlined on the following pages.

Koorsen Fire & Security

Signature: _____ Title: Territory Account Manager Date: _____

Customer's Acceptance

Signature: _____ Title: _____ Date: _____

Printed: Ivan Almodovar

Inspection Services - Backflow Devices

Insps. per Year: 1 **Level:** Inspect / Test & Inspect

Price per Insp.: $178.50 **Month Insp. is Due:** July

Covered Equipment Counts

1 Preventer Test - Domestic

1 Preventor Test - Fire Line

Included Services:

- Test backflow preventors inspected by certified backflow technicians.
- Verify receipt and restoral of all signals tested with the monitoring company.

Inspections are to be completed during regular business hours.

_____ If checked, see "Addendum" for additional information or clarifications. Customer's Initials: _____

Inspection Services - Fire Alarm & Detection Systems

Insps. per Year: 1 **Level:** Inspect / Test & Inspect

Price per Insp.: $605.45 **Month Insp. is Due:** July

Sensitivity Testing Included: No **Year Sensitivity is Due:**

Covered Equipment Counts

2	Batteries	2	Duct Detectors
2	Control Panels	10	Pull Stations

Included Services:

- Check fire alarm panel to ensure that the alarm initiating devices are functioning properly
- Verify the alarm indicating devices are functioning properly
- Verify that the supervisory / trouble signal initiating devices are functioning properly
- Verify system primary and auxiliary power supplies, including battery backups, are sufficient
- Functionally test detectors with test smoke
- Pull every pull station and check their accessibility
- If the facility has a remote annunciator, verify that the points being monitored are correct
- If the system is monitored, verify receipt and restoral of all signals tested with the monitoring company

Inspections are to be completed during regular business hours.

_____ If checked, see "Addendum" for additional information or clarifications. Customer's Initials: _____

Inspection Services - 5-Year Internal Pipe

Insps. per Year: 1 **Level:** Inspect / Test & Inspect

Price per Insp.: $720.00 **Month Insp. is Due:** July

Covered Equipment Counts

1 5-Year Internal Pipe (wet or dry riser)

Included Services:

- Close control valve on system(s) to be internally inspected.
- Drain system(s) to be internally inspected.
- Determine location where flushing or end cap will be used for inspection.
- Remove end cap or open flushing connection.
- Determine closest sprinkler branch line from end cap or flushing connection to be removed.
- Remove sprinkler for internal inspection.
- Determine if enough of a presence of foreign organic or inorganic is found to obstruct pipe or sprinklers and possibly require an obstruction investigation or flushing.
- Verify receipt and restoral of all signals tested with the monitoring company.

Inspections are to be completed during regular business hours.

X If checked, see "Addendum" for additional information or clarifications. Customer's Initials: _____

Inspection Services - Fire Sprinkler Systems

Insps. per Year: 1 **Level:** Inspect / Test & Inspect

Price per Insp.: $497.25 **Month Insp. is Due:** July

Covered Equipment Counts

1 Dry Risers

1 Wet Risers

Included Services:

- Flow water at each full inspection
- Inspect all fire department connections
- Inspect all flow switches
- Inspect all control valves and tamper switches
- Perform a main drain test on all risers noting static and residual water pressure
- Test alarms on sprinkler systems
- If there are dry pipe valves, inspect for proper air and water pressure and priming water level
- Perform an annual full or partial trip test
- Drain all low point drains identified by the Customer on dry systems
- Verify receipt and restoral of all signals tested with the monitoring company

Additional Services (when applicable):
Antifreeze

- Test antifreeze solution to ensure concentration is within acceptable limits

Inspections are to be completed during regular business hours.

_____ If checked, see "Addendum" for additional information or clarifications. Customer's Initials: _____

Addendum

5-Year Internal Pipe

If a lift is required that will be an additional rental fee.

Customer's Initials: _____

Term, Renewal, Expiration, Initial Deficiencies, Returned Merchandise & Conditions

This quotation is in effect for 30 days from the date of this quote. This Agreement, following the initial term, shall automatically renew for (1) year unless Customer provides notice of termination at least sixty (60) days before the expiration of the initial term or any renewal. If Customer terminates the Agreement without the required notice, Customer agrees to pay fifty (50) percent of the most recent annual fee as liquidated damages. Koorsen may terminate this Agreement at any time upon thirty (30) days written notice.

Customer agrees that at the time of any renewal of this Agreement, Koorsen may increase the annual fee for the renewal thereof. Customer agrees to pay the full amount of such increase, which does not exceed a 5% increase over the previous annual fee. In the event Koorsen increases the annual fee by an amount greater than 5%, Customer may terminate the Agreement upon written notice to Koorsen within fifteen (15) days of notification of such increase. No returned merchandise accepted for credit unless authorized. All claims must be made within 5 days of invoice.

THE ATTACHED CONDITIONS ARE INCORPORATED IN THIS AGREEMENT. PLEASE READ CAREFULLY. KOORSEN IS NOT AN INSURER. OUR MAXIMUM LIABILITY IS LIMITED TO THE GREATER OF 10% OF THE ANNUAL SERVICE CHARGE OR $500.00. USER ACKNOWLEDGES RECEIPT OF COPY AND THAT HE HAS READ AND UNDERSTANDS THE CONDITIONS OF THE AGREEMENT.

It is understood that Koorsen Fire & Security, Inc. (KFS) is not an insurer, that it shall specifically be the obligation of customer to purchase any insurance which customer shall be exempt from liability for loss, damage or injury due directly or indirectly to occurrences or consequences therefrom which the Product Service is designed to detect or avert, and to identify KFS as an additional insured on such insurance policy.

The amounts payable to KFS hereinunder are based upon the value of the services and the scope of liability as herein set forth and are unrelated to the value of the customer's property or property of others located in customer's premises. KFS makes no guaranty or warranty which extends beyond the description on the face hereof, including any implied warranty of merchantability or fitness, that the Product or Services supplied will avert or prevent occurrences or the consequences therefrom which the Product or Services is designed to detect or avert. It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of KFS to perform any of its obligations hereunder. The customer does not desire this contract to provide for full liability of KFS and agrees that KFS shall be exempt from liability for loss, damage or injury due directly or indirectly to occurrences or consequences therefrom which the Product or Service is designed to detect or avert. That if KFS should be found liable for loss, damage or injury due to a failure of service or equipment in any respect, its liability shall be limited to a sum equal to 10% of the annual service charge, or $500, whichever is greater, as the agreed upon damages and not as a penalty, as the exclusive remedy, and that the provisions of this paragraph shall apply if loss, damage or injury, irrespective of cause or origin, results directly or indirectly to person or property from performance or nonperformance of obligation imposed by this contract or from negligence, active or otherwise, of KFS, its agents or employees. No suit or action shall be brought against KFS more than one (1) year after the accrual of the cause of action therefore, in the event any person not a party to this agreement shall make any claim or file any lawsuit against KFS for failure of its equipment or service in any respect, customer agrees to indemnify and hold KFS harmless from any and all such claims and lawsuits including the payment of all damages, expenses, costs and attorney's fees.

So far as it is permitted by customer's property insurance coverage, customer hereby releases, discharges and agrees to hold KFS harmless from any and all claims, liabilities, damages, losses or expenses, arising from or caused by any hazard covered by insurance in or on the customer's premises whether said claims are made by customer, his agents, or insurance company or other parties claiming under or through customer. Customer agrees to indemnify KFS against and defend and hold KFS harmless from any action for subrogation which may be brought against KFS by any insurer or insurance company or its agents or assigns including the payment of all damages, expenses, costs and attorneys' fees.

It is further agreed that the limitations on liability and the obligations of the customer, expressed herein, shall inure to the benefit of and apply to all parent, subsidiary and affiliated KFS companies as well as to any company which KFS may contract with to provide any of the services set forth herein. If this agreement provides for a direct connection to a municipal police or fire department or other organization, that department, or other organization may invoke the provisions hereof against any claims by the customer due to any failure of such department or organization.

General

This agreement is the only agreement between Koorsen Fire & Security and the undersigned customer and supersedes all previous agreements with respect to its subject matter. This agreement may not be modified except in writing and signed by both parties.

Service Availability, Accessibility, and Covered Equipment

Routine inspections if required will be performed between 8:00 a.m. and 5:00 p.m. Monday through Friday. In the event the customer requests service at other times or Saturdays, Sundays or holidays, the customer agrees to pay additional charges, unless covered by agreement.

If access to locked or restricted areas is required to provide the services covered by this Agreement, Customer agrees to provide KFS a key or escort. Customer acknowledges that failure to provide these may cause KFS additional time and expense to perform the services. KFS reserves the right to add additional fees to the agreement in this case.

If this agreement includes Managed Access Control Services, the Customer must provide a connection to the Internet for the system.

If Koorsen is required to provide a lift to perform this agreement, there will be an additional charge, unless covered by this agreement.

This agreement is based upon the device counts listed. KFS reserves the right to add additional fees if the actual device counts are in excess of the contracted amount.

Exclusions

Koorsen Fire & Security will not be responsible for repair or damage caused by: (a) Unauthorized modifications or attachments, (b) Misuse or external causes such as accident or disaster, which shall include, but not be limited to fire, water, wind and lightning, neglect, interruptions in the building's main electrical service or alterations of equipment. You understand that a servicing agency may reserve the right to decline service if equipment is improperly installed by others, has been tampered with by unqualified personnel, is inadequate for purpose intended, or if contrary to fire prevention regulations.

Unless specifically stated as covered/included in this agreement, the labor and agent required to re-charge a system or device is not included.

For repair of any sprinkler system, it is customer's responsibility to show KFS all drain valves, including those hidden above the ceiling or in a wall. KFS will not be responsible for water damage caused from any undisclosed drain valve, whether or not it was known to customer. Customer is responsible for draining all low points following a Koorsen's inspection for all dry sprinkler systems.

Agreement Termination Penalty

Customer acknowledges that the contract option provides a discounted rate and that early termination of the agreement will result in financial damage to KFS. In the event of early termination by Customer, Customer shall be liable to KFS for a termination penalty of one year's annual fee. Early termination shall mean any act of Customer which effectively ends the agreement. Customer' shall be liable to KFS for any and all costs and expenses, including actual attorney fees, associated with the collection of the termination penalty if necessary.

Performance Guidance

If KFS does not perform services to the satisfaction of the Customer, the Customer may elect to terminate the agreement at any time. To terminate the agreement, the Customer must give KFS 30 days written notice and an opportunity to correct any deficiencies. If after 30 days, the Customer and KFS agree that the problems cannot be resolved, the agreement is terminated without penalty to either party.

Purchase Price and Payment

Customer agrees to pay KFS the purchase price for the Equipment and/or Services set forth on the proposal or as otherwise set forth on the KFS's invoice. Upon credit approval, all charges shall be paid "NET 30 DAYS" from the date of invoice. A convenience fee of 3%, of the invoice amount, will be charged for payments by credit card. Payments by check, cash, ACH, Wire Transfer or echeck are not subject to the convenience fee.

Customer's Acceptance

Signature: _____ Title: _____ Date: _____

Employee # _____

Date: August 13, 2026 Name: Zach Washler

Position: CD Director

Department: Community Development

Effective Date of Transaction: 01/01/2026

Board Approval: Yes ☐ No ☐ Date: 08/18/2026

New Hire: ☐ Leave of Absence: ☐

Name Change: ☐ Rehire: ☐

Status Change: ☑ Termination: ☐

Seasonal Return: ☐ Deceased: ☐

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone #_____ D.O.B.:_____

Email Address: _____

Full Time ☑ Part-Time ☐ Seasonal ☐

Hourly: Bi-Weekly:

Basis of pay: _____ $76.92

Salary Change:

☑ Salary Change: From: _____

To: $2,000 Anually

☐ Retroactive Pay: Effective: _____

☐ Job Title: From: _____

To: _____

SUSPENSION/ LEAVE

☐ Suspension w/out pay

To: _____ From: _____

☐ Leave of Absence:

☐ FMLA ☐ W/C ☐ Short Term Dis

To: _____ From: _____

☐ Other:_____ Date: _____

APPROVAL SIGNATURES & DATE

_____ Dpt Head & Date

Laney Barrow HR & Date

_____ CT & Date

Payroll completed by: _____

Date: _____

NOTES

CDBG Certification Stipend

Employee # _____

Date: August 6, 2026 Name: Marissa Almodovar

Position: PT Utility Billing Clerk

Department: Clerk Treasurer

Effective Date of Transaction: 8/12/2026

Board Approval: Yes ☐ No ☐ Date: 8/18/2026

New Hire: ☑ Leave of Absence: ☐

Name Change: ☐ Rehire: ☐

Status Change: ☐ Termination: ☐

Seasonal Return: ☐ Deceased: ☐

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone #_____ D.O.B.:_____

Email Address: _____

Full Time ☐ Part-Time ☐ Seasonal ☑

Hourly: Bi-Weekly:

Basis of pay: $15.06 _____

Salary Change:

☐ Salary Change: From: _____

To: _____

☐ Retroactive Pay: Effective: _____

☐ Job Title: From: _____

To: _____

SUSPENSION/ LEAVE

☐ Suspension w/out pay

To: _____ From: _____

☐ Leave of Absence:

☐ FMLA ☐ W/C ☐ Short Term Dis

To: _____ From: _____

☐ Other:_____ Date: _____

APPROVAL SIGNATURES & DATE

_____ Dpt Head & Date

Laney Barrow 8/6/26 HR & Date

8/6/26 CT & Date

Payroll completed by: _____

Date: _____

SUSPENSION/ LEAVE NOTES

Employee # _____

Date: 8/7/26 Name: Amy McCracken

Position: Deputy Clerk

Department: CT Office

Effective Date of Transaction: 8/10/2026

Board Approval: Yes ☑ No ☐ Date: 8/18/2026

New Hire: ☐ Leave of Absence: ☐

Name Change: ☐ Rehire: ☐

Status Change: ☑ Termination: ☐

Seasonal Return: ☐ Deceased: ☐

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone #_____ D.O.B.:_____

Email Address: _____

Full Time ☑ Part-Time ☐ Sesonal ☐

Basis of pay:

Hourly Rate: $ _____ Salary $ _____

Salary Change:

☑ Salary Change: From: $25.65

To: 27.26

☐ Retroactive Pay: Effective: _____

☐ Job Title: From: _____

To: _____

SUSPENSION/ LEAVE

☐ Suspension w/out pay

To: _____ From: _____

☐ Leave of Absence:

☐ FMLA ☐ W/C ☐ Short Term Dis

To: _____ From: _____

☐ Other:_____ Date: _____

APPROVAL SIGNATURES & DATE

_____ Dpt Head & Date

Laney B 8/10/26 HR & Date

CT & Date

Payroll completed by: _____

Date: _____

SUSPENSION/ LEAVE NOTES

Employee # 8/13/26

Date: 8/13/2026 Name: Laney Barrow

Position: HR Director

Department: CT

Effective Date of Transaction: 8/24/2026

Board Approval: Yes ☑ No ☐ Date: 8/18/26

New Hire: ☐ Leave of Absence: ☐

Name Change: ☐ Rehire: ☐

Status Change: ☐ Termination: ☐

Seasonal Return: ☐ Deceased: ☐

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone #_____ D.O.B.:_____

Email Address: _____

Full Time ☐ Part-Time ☐ Sesonal ☐

Basis of pay:

Hourly Rate: $ _____ Salary $ _____

Salary Change:

☑ Salary Change: From: $2,959.20

To: $3,077.57

☐ Retroactive Pay: Effective: _____

☐ Job Title: From: _____

To: _____

SUSPENSION/ LEAVE

☐ Suspension w/out pay

To: _____ From: _____

☐ Leave of Absence:

☐ FMLA ☐ W/C ☐ Short Term Dis

To: _____ From: _____

☐ Other:_____ Date: _____

APPROVAL SIGNATURES & DATE

_____ Dpt Head & Date

Laney B. 8/13/26 HR & Date

_____ CT & Date

Payroll completed by: _____

Date: _____

SUSPENSION/ LEAVE NOTES

DLZ
Connect. Build. Thrive.

Attention: Jen Basting
City of New Haven, IN
815 Lincoln Highway E
New Haven, IN 46774
United States

Invoice : 000610851
Invoice Date : 7/30/2026
Project : 2166530170
Project Name : New Haven: On-Call Plan Rev & Permi
Bill Term : 01

For Professional Services Rendered Through 7/17/2026

On-Call Plan Review Agreement

Payment Request #56

		Current Billings
1 - ST Invoice Group		562.50
Rate Labor	562.50	

Current Billings	562.50
Amount Due This Bill	562.50

Outstanding Receivables

Invoice Number	Date	Amount	Balance Due
000610487	6/26/2026	1,406.25	1,406.25
			1,406.25

Invoice #: 610851

Invoice Date: 7/23/2026

Salary & Expense Detail

Description		Hours	Rate	Amount
ST063 - Fruchey Parking Lot				
Phase 0003 - Storm				
1st Review	7/13/26 - 7/16/26	4.50	125.00	$562.50
		4.50		$562.50
		4.50		$562.50

DLZ
Connect. Build. Thrive.

City of New Haven, IN
815 Lincoln Highway E
New Haven, IN 46774
United States

Invoice : 000610853
Invoice Date : 7/30/2026
Project : 2366219890
Project Name : City of New Haven: South Maplecrest Road Improvements
Bill Term : **

For Professional Services Rendered Through 7/17/2026

South Maplecrest Road
Des 2100622

Payment Request #31

			Billings		
	Fee	% Complete	To Date	Previous	Current
0500 - Project Management	55,500.00	66.00	36,630.00	36,075.00	555.00
1000 - Topographic Survey	83,300.00	92.44	77,005.00	70,805.00	6,200.00
1100 - Location Control Route Survey	16,800.00	97.00	16,296.00	16,296.00	0.00
2000 - Phase 1a Archeological Services & Section 106	31,000.00	82.00	25,420.00	25,420.00	0.00
2100 - Environmental Services (Level 2 CE)	36,000.00	100.00	36,000.00	36,000.00	0.00
2200 - Waters Report	21,600.00	81.48	17,600.00	17,600.00	0.00
3000 - Roadway Design	475,300.00	90.32	429,270.00	427,770.00	1,500.00
3001 - Moeller Roundabout Design	95,000.00	60.00	57,000.00	53,200.00	3,800.00
3002 - Seiler Roundabout Design	12,750.00	100.00	12,750.00	12,750.00	0.00
3003 - Pavement Design	7,500.00	0.00	0.00	0.00	0.00
4000 - Bridge Design	125,500.00	56.00	70,280.00	65,260.00	5,020.00
4100 - Screen Wall Design	54,200.00	7.00	3,794.00	3,794.00	0.00
3004 - Maintenance of Traffic (MOT) Design	75,000.00	36.00	27,000.00	26,250.00	750.00
5000 - Geotechical Services	59,555.00	99.98	59,543.09	0.00	59,543.09
5100 - Public Hearing or Meeting (if required)	14,800.00	0.00	0.00	0.00	0.00
6000 - Lighting Design	66,700.00	80.00	53,360.00	46,690.00	6,670.00
6001 - Proprietary Material Documentation, if required	4,500.00	70.00	3,150.00	3,150.00	0.00
3100 - Hydraulics and Permitting	31,500.00	100.00	31,500.00	31,500.00	0.00
3200 - Utility Coordination	32,800.00	95.00	31,160.00	27,880.00	3,280.00
3300 - Two Contract Packages - INDOT Submittal	24,000.00	0.00	0.00	0.00	0.00
8000 - Bid Phase Services (Twice)	23,250.00	0.00	0.00	0.00	0.00
8100 - Pre-Construction Meeting (Two)	7,500.00	0.00	0.00	0.00	0.00
7000 - T&E Reports ($500/parcel)	13,500.00	77.78	10,500.00	10,500.00	0.00

7100 - RW Plans, plats and descriptions ($3,000/parcel)	81,000.00	100.00	81,000.00	81,000.00	0.00
7200 - RW Staking ($450/parcel) Twice	24,300.00	0.00	0.00	0.00	0.00
7300 - APA's ($500/parcel)	13,500.00	68.33	9,225.00	4,725.00	4,500.00

Current Billings	91,818.09
Amount Due This Bill	91,818.09

Total Fee :	1,486,355.00
To Date Billings :	1,102,133.09
Total Remaining :	384,221.91

Outstanding Receivables

Invoice Number	Date	Amount	Balance Due
000610488	6/26/2026	48,614.00	48,614.00
			48,614.00

Employee # _____

Date: 8/12/2026 Name: Samantha Oyler

Position: Assistant Planner

Department: Planning

Effective Date of Transaction: 8/24/26

Board Approval: Yes ☐ No ☐ Date: _____

New Hire: ☐ Leave of Absence: ☐

Name Change: ☐ Rehire: ☐

Status Change: ☑ Termination: ☐

Seasonal Return: ☐ Deceased: ☐

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone #_____ D.O.B.:_____

Email Address: _____

Full Time ☑ Part-Time ☐ Seasonal ☐

Hourly: Bi-Weekly:

Basis of pay: _____ _____

Salary Change:

☑ Salary Change: From: $24.10

To: $26.75

☐ Retroactive Pay: Effective: _____

☐ Job Title: From: _____

To: _____

SUSPENSION/ LEAVE

☐ Suspension w/out pay

To: _____ From: _____

☐ Leave of Absence:

☐ FMLA ☐ W/C ☐ Short Term Dis

To: _____ From: _____

☐ Other:_____ Date: _____

APPROVAL SIGNATURES & DATE

Nathan Hook Dpt Head & Date

Laney Barrow HR & Date

_____ CT & Date

Payroll completed by: _____

Date: _____

SUSPENSION/ LEAVE NOTES

SPECIAL EVENT PERMIT
APPLICATION/PERMIT

Permit Number: EV-26-12

Engineering Department | 815 Lincoln Highway East | New Haven, IN 46774 | 260-748-7030
www.newhaven.in.gov

** Please follow the guidelines of the Allen County Department of Health, Indiana State Department of Health or the CDC when planning and participating in these events.**

SPECIAL EVENT INFORMATION:			
Name of the event	New Haven HS Homecoming Parade	Type of Event	Parade
Name of Sponsor (if applicable)	New Haven HS Student Council	Is this a new event	Yes ☐ No ■
Date of Event	10/02/2026	Expected number attending	1000
Start Time	4:30 PM	Ending Time	5:15 PM

APPLICANT:			
Name	Thomas Singer	Work Phone	(260) 446-0220
Address	1300 Green Rd	Home Phone	
E-Mail	tsinger@eacs.k12.in.us	Cell Phone	(410) 726-2428
RESPONSIBLE PERSON (if other than applicant):			
Name	Rebecca Christensen	Work Phone	(260) 446-0220
Address	1300 Green Rd	Home Phone	
Email	rchristensen@eacs.k12.in.us	Cell Phone	

Do you anticipate requiring the use of any of the following?					
Street		Water		Lights	
Sidewalk		Crowd Control		Noise	
Parking		Use of Public Building		Fire/Explosives	
Traffic Control		Temporary Structures		Demolition	
Other (Please specify)					

(Continued)

PAID
AUG 03 2026

Approved by BOW 7/1/2025

Describe **in sufficient detail** how the requested event will impact the public road right-of-way and your plan for mitigating the impacts to the right-of-way area. (Add additional sheets of paper if necessary):

Parade participants will meet at St. John's starting around 3:45-4:00 PM and begin lining up along Ann and Seward streets. At 4:30 the parade will begin with a right on Powers, and then a left on Broadway. We will follow Broadway south across Lincoln Highway toward Schnelker Park. There we will make a left on Pars St, followed by a right on Green St. We will continue south across US 930 and finish at the high school.

Please see map for updated route. No use of Broadway.

Special permit provisions (include if Police Officers will be needed):

Police are usually used for traffic control while crossing Lincoln Highway and US 930.

Prior to issuance of a permit, the Permittee shall designate a local agent to sign this permit who will have authority to represent the Permittee in all matters relating to the exercise of the privileges herein granted and who shall be responsible for compliance with those conditions.

Thomas Kurt Singer Jr — **Sponsor/Applicant** (PRINT)

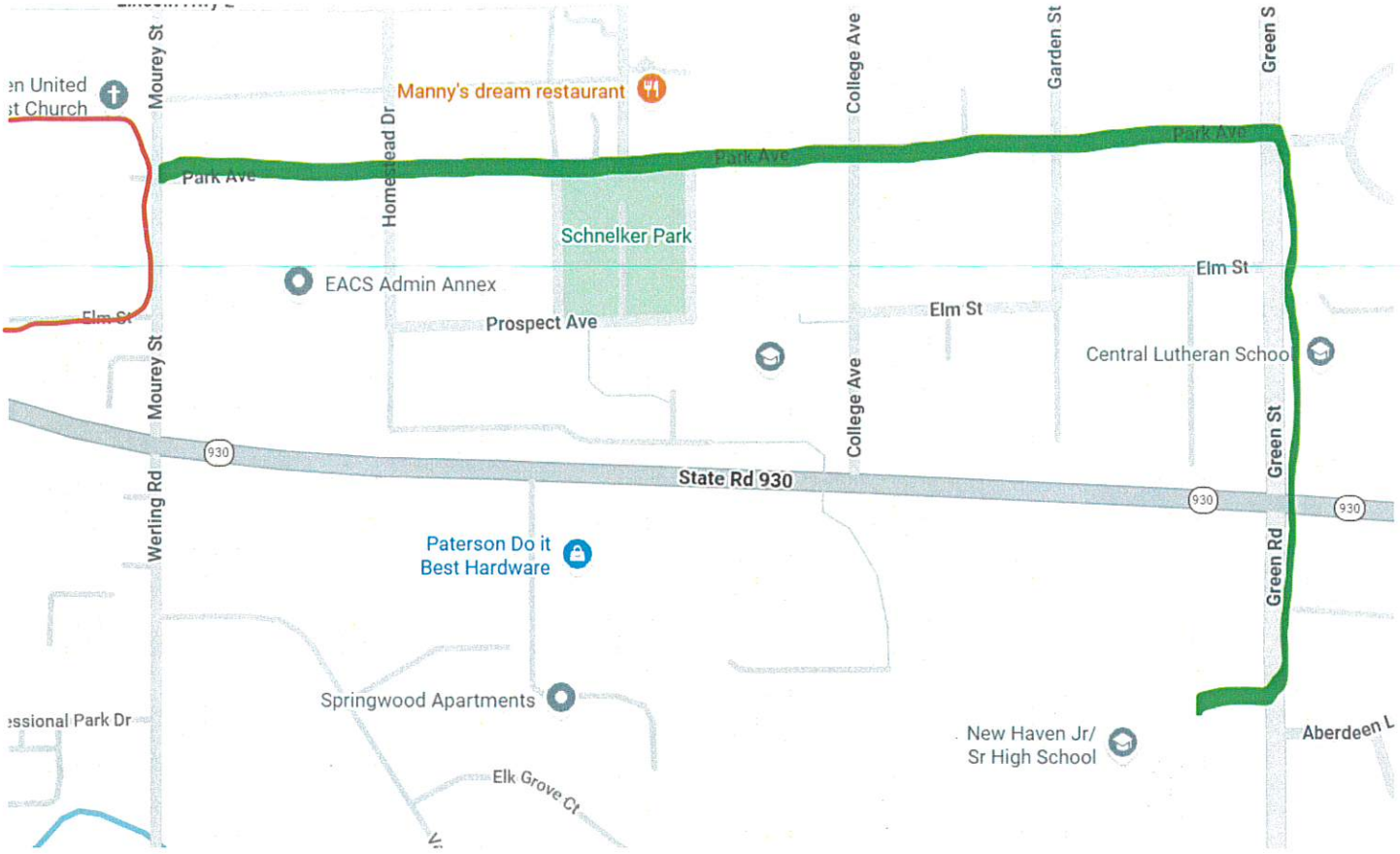
Signature of Authorized Agent

7/22/26 — **Date**

***If A ROUTE IS TO BE USED: Submit a map with the route or area clearly drawn. Show north arrow, street(s), starting point, direction of travel, ending point, and any other information that would help identify the event.**

(Please Type or Print Clearly. Return to Stephanie at sschortgen@newhaven.in.org or in person; on the 2nd floor of City Hall once completed)

FOR OFFICE USE ONLY			
Police		Date Approved	8/3/26
Utilities		Date Approved	8/3/26
Fire Department/EMS		Date Approved	7-28-26
Director Of Engineering		Date Approved	7-27-26
Parks Director		Date Approved	8-10-26
Fees (per Ordinance #G-12-07 as amended			
Police officers		($37.50 / officer for each hour or fraction thereof)	
Utilities		($35.93 / employee for each hour or fraction thereof)	
		Insurance verified / Date	


Mourey St
Manny's dream restaurant
College Ave
Garden St
Green S
Park Ave
Homestead Dr
Schnelker Park
EACS Admin Annex
Elm St
Prospect Ave
Central Lutheran Schoo
Mourey St
College Ave
Green St
930
State Rd 930
Werling Rd
Paterson Do it
Best Hardware
Green Rd
Springwood Apartments
New Haven Jr/
Sr High School
Elk Grove Ct
Aberdeen L

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/27/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Arthur J. Gallagher Risk Management Services, LLC
2850 Golf Rd
Rolling Meadows IL 60008

CONTACT NAME: Katie Navin
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: Katie_Navin@rpadmin.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Underwriters at Lloyd's London	15792
INSURER B : Princeton Excess & Surplus Lines Ins Co	10786
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED EDUCSER-09
Educational Service Centers Risk Funding Trust
East Allen County Schools
1240 SR 930 East
New Haven IN 46774

COVERAGES **CERTIFICATE NUMBER:** 1853963230 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	Y		PK1005726	1/1/2026	1/1/2027	EACH OCCURRENCE	$ 1,500,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
	X Pool SIR:						MED EXP (Any one person)	$ 5,000
	X $500,000						PERSONAL & ADV INJURY	$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 1,500,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ Included
	X OTHER: Member							$
A	**AUTOMOBILE LIABILITY**			PK1005726	1/1/2026	1/1/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 1,500,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
	X Pool SIR: X $500,000						Comp/Coll Deductible	$ 1,000/$1,000
B	[ ] **UMBRELLA LIAB** X OCCUR			N3A3FF000001905	1/1/2026	1/1/2027	EACH OCCURRENCE	$ 5,000,000
	X **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$ 5,000,000
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A **(Mandatory in NH)**						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Excess Liability sits over the General Liability, Auto Liability, and Employer's Liability policies.
RE : 2026 NHHS Homecoming Parade- This will be held on Friday 10/2/26.
City of New Haven, Indiana is shown as Additional Insured solely with respect to General Liability policy as required by written contract.

CERTIFICATE HOLDER

City of New Haven, Indiana
815 Lincoln Highway East
New Haven IN 46774

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Arthur J. Gallagher Risk Management Services, LLC

815 Lincoln Highway East
New Haven, Indiana 46774
260-748-7050 (Phone)
260-748-7057 (Fax)

receipt

Number: 0000473231
Cashier: SSCHORTGEN

Entry Date: 08/03/26
Post Date: 08/03/2026

Received Of: THOMAS SINGER
THOMAS SINGER
1300 GREEN ROAD
1300 GREEN ROAD 1300 GREEN ROAD 1300 G

The sum of: 25.00

1 502	SPECIAL EVENT PER		SPECIAL EVENT PERMIT	$ 25.00
		1101-0000-3005.02	25.00	
			Total	$ 25.00

TENDERED:	**CREDIT CARD**	**pi_3U0QucGasGo4hcB**	**$ 25.00**
TENDERED:	**Service Fee**	**pi_3U0QucGasGo4hcB**	**$ 1.24**

Signed: Angela Hanus

First wed.

Approval process for Special Events in the City of New Haven Right-of –Way

For proposed events that are held within New Haven's Right of Way:

1. Special event form (EV-1) to be completed and submitted for approval and review from: Utility Superintendent, Police Chief, Fire/EMS Chief, Parks Director, and Director of Engineering.
2. After review process, permit will appear before the Board of Public Works and Safety for approval.
3. Before appearing on Board of Public Works and Safety Agenda, a fee of $25 will need to be paid in full.
4. Fees will be applied if Police or Civilian workers' presence is required

Rules governing special events located in City of New Haven right-of-way

1. Appropriate liability insurance must be obtained when applicable, naming the City of New Haven as the certificate holder and additionally insured.
2. Proper barricades and signage shall be used at all times.
3. The responsible person shall have the permit accessible and available during the event.
4. In the event of an emergency the roadway must be cleared immediately.
5. All litter and debris resulting from the event must be picked up and properly disposed of.
6. All tents shall be positioned in the street so as to allow the passage of emergency vehicles.
7. Tent anchors shall be of the ballasted type, the use of tent spikes are not allowed within the right of way.
8. Fees may apply (Ordinance #G-12-07) Police officers: $37.50/officer for each hour or fraction thereof.
9. Fees may apply (Ordinance #G-12-07) Civilian employee/Utility worker: $35.93/employee for each hour or fraction thereof.

If hosting an event where alcohol will be served within DORA

"If you are hosting an event within New Haven's Designated Outdoor Refreshment AREA (DORA) and will be serving alcohol within the DORA, please note that DORA is in effect from 11 a.m. to 1 a.m. daily in both the North DORA and South DORA along Broadway Street. The North DORA and South DORA are each in effect from 6 p.m. to 11:00 p.m. in Schnelker Park. Any alcohol served at your event must be served within the marked DORA districts during those hours only and served in a specific DORA cup that your vendor will need to obtain. Permission to serve alcohol outside of those hours must be obtained from the City of New Haven Board of Public Works & Safety (BOW).

*If you have a licensed vendor that will be serving alcohol during your event within the posted DORA, please check here: _____
*Please provide the name of the vendor that will be serving alcohol during your event: _____
*If you would like to serve alcohol outside of the designated hours above, please check here: _____
*Please tell us what hours you would like to serve alcohol: _____

Once permission is granted for your event by the BOW, your vendor will need to obtain a special events permit from the Indiana Alcohol and Tobacco Commission. When the permit is obtained, your vendor should reach out to the City of New Haven at zwashler@newhaven.in.gov for the link to purchase the DORA cups."

Receipt Stamp: PAID AUG 13 2026

SPECIAL EVENT PERMIT

APPLICATION/PERMIT

Permit Number:
EV-26-13

Engineering Department | 815 Lincoln Highway East | New Haven, IN 46774 | 260-748-7030
www.newhaven.in.gov

** Please follow the guidelines of the Allen County Department of Health, Indiana State Department of Health or the CDC when planning and participating in these events.**

SPECIAL EVENT INFORMATION:			
Name of the event	First Wednesdays	Type of Event	community
Name of Sponsor (if applicable)	Historic Broadway	Is this a new event	Yes ☐ No ☐
Date of Event	September 2	Expected number attending	200
Start Time	4pm	Ending Time	8pm

APPLICANT:			
Name	Tammy Taylor	Work Phone	(260) 749-4484
Address		Home Phone	
E-Mail		Cell Phone	
RESPONSIBLE PERSON (if other than applicant):			
Name	New Haven Chamber	Work Phone	
Address		Home Phone	
Email		Cell Phone	

Do you anticipate requiring the use of any of the following?					
Street	X	Water		Lights	
Sidewalk	X	Crowd Control		Noise	
Parking	X	Use of Public Building		Fire/Explosives	
Traffic Control		Temporary Structures		Demolition	
Other (Please specify)					

(Continued)

Approved by BOW 7/1/2025

Describe **in sufficient detail** how the requested event will impact the public road right-of-way and your plan for mitigating the impacts to the right-of-way area. (Add additional sheets of paper if necessary):

Close Main to Summit - Deebees are playing and we will have animals/food trucks and vendors all in the same area. see map.

Special permit provisions (include if Police Officers will be needed):

Prior to issuance of a permit, the Permittee shall designate a local agent to sign this permit who will have authority to represent the Permittee in all matters relating to the exercise of the privileges herein granted and who shall be responsible for compliance with those conditions.

Tammy Taylor

Sponsor/Applicant (PRINT)

Signature of Authorized Agent

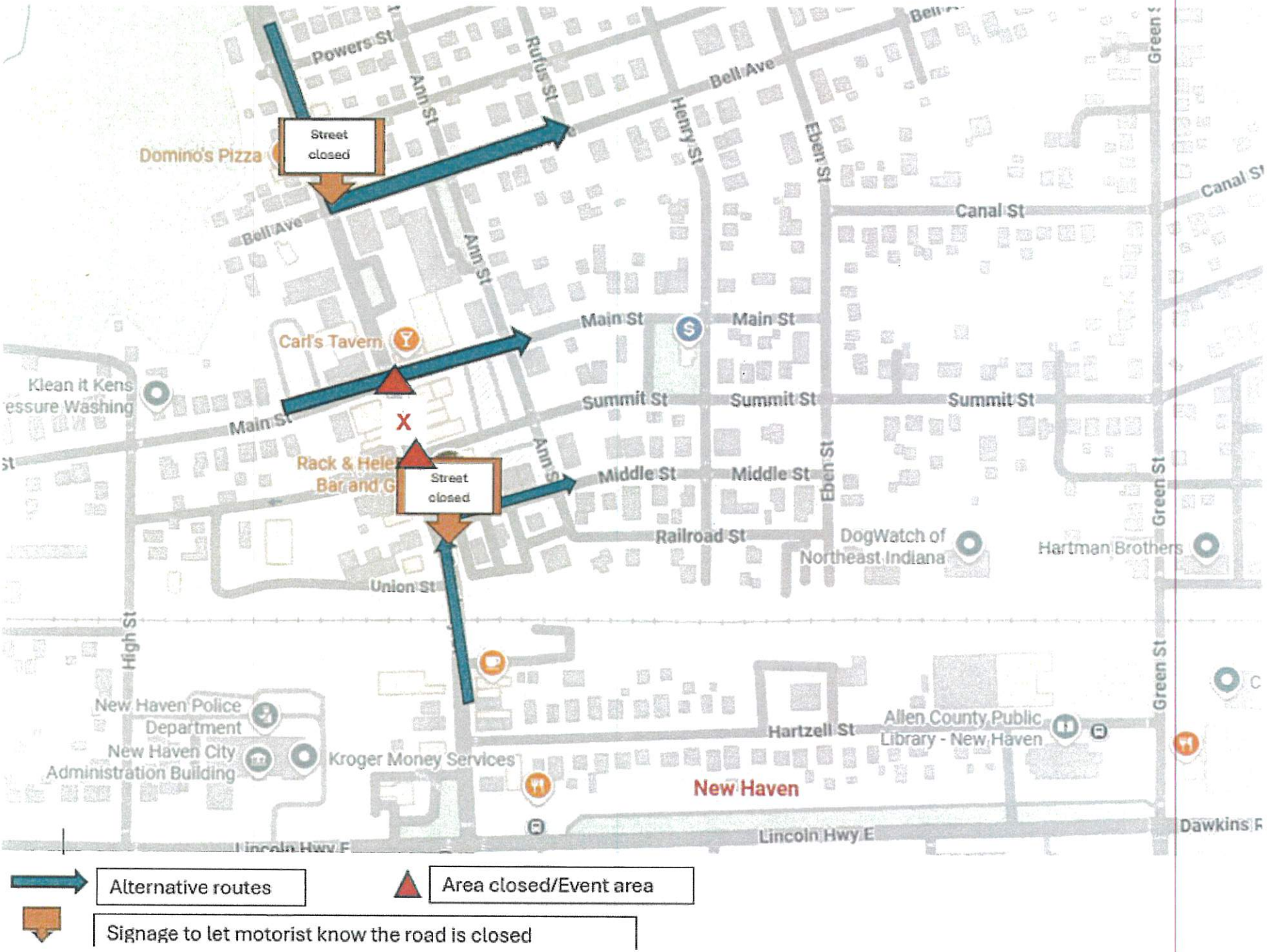
8/10/26

Date

*****If A ROUTE IS TO BE USED: Submit a map with the route or area clearly drawn. Show north arrow, street(s), starting point, direction of travel, ending point, and any other information that would help identify the event.**

(Please Type or Print Clearly. Return to Stephanie at sschortgen@newhaven.in.org or in person; on the 2nd floor of City Hall once completed)

FOR OFFICE USE ONLY			
Police		Date Approved	
Utilities		Date Approved	
Fire Department/EMS		Date Approved	
Director Of Engineering		Date Approved	
Parks Director		Date Approved	
Fees (per Ordinance #G-12-07 as amended			
Police officers		($37.50 / officer for each hour or fraction thereof)	
Utilities		($35.93 / employee for each hour or fraction thereof)	
		Insurance verified / Date	


Powers St
Ann St
Rufus St
Bell Ave
Henry St
Eben St
Canal St
Green St
Street closed
Domino's Pizza
Carl's Tavern
Main St
Summit St
Middle St
Railroad St
Union St
X
Street closed
Klean it Kens
essure Washing
Rack & Helen
Bar and G
DogWatch of Northeast Indiana
Hartman Brothers
High St
New Haven Police Department
New Haven City Administration Building
Kroger Money Services
Hartzell St
Allen County Public Library - New Haven
New Haven
Lincoln Hwy E
Dawkins R
Alternative routes
Area closed/Event area
Signage to let motorist know the road is closed

FIRST WEDNESDAYS

DOWNTOWN NEW HAVEN

Eat • Shop • Rock

THE LAST FIRST WEDNESDAY OF 2026!

LIVE MUSIC
FEATURING

The DeeBees

VENDORS
SHOP LOCAL!

FOOD TRUCKS
DELICIOUS EATS!

DOWNTOWN
NEW HAVEN

TUESDAY, SEPTEMBER 2, 2026 • 4-7PM ON BROADWAY

VENDORS
SHOP LOCAL!

FOOD TRUCKS
DELICIOUS EATS!

LIVE MUSIC
ROCKIN' LIVE ON BROADWAY!

DOWNTOWN
NEW HAVEN

Indiana

OFFICE OF COMMUNITY AND RURAL AFFAIRS

OCRA's Downtown Affiliated Network (ODAN)

INDIANA MAIN STREET

OCRA Office of COMMUNITY & RURAL AFFAIRS

ESTD. 1836 HISTORIC BROADWAY NEW HAVEN, INDIANA

EAT & SHOP DOWNTOWN • ROCK TO LOCAL BAND

VENDORS WELCOME

CONTACT HAVEN HIVE BOUTIQUE ✉ SHOPHAVENHIVE@GMAIL.COM

NEWHAVE-04 CWOEHNKER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/4/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Amstutz Insurance, Inc. 626 Broadway St New Haven, IN 46774-1406	PHONE (A/C, No, Ext): (260) 749-1812	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Indiana Farmers Mutual Ins Co	22624
INSURED New Haven Chamber Of Commerce and Development 428 Broadway Street New Haven, IN 46774	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			CPP1013230	6/15/2025	6/15/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N / A			WCP1006636	6/15/2025	6/15/2026	E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Downtown New Haven Eat Shop Rock June 3 2026, July 1 2026 , August 5 2026 and September 2, 2026

CERTIFICATE HOLDER

City Of New Haven
PO Box 570
815 Lincoln Hwy E
New Haven, IN 46774

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Carl Walker

815 Lincoln Highway East
New Haven, Indiana 46774
260-748-7050 (Phone)
260-748-7057 (Fax)

receipt

Number: 0000474472
Cashier: SSCHORTGEN

Entry Date: 08/13/26
Post Date: 08/13/2026

Received Of: HISTORIC BROADWAY
HISTORIC BROADWAY
618 PROFESSIONAL DRIVE
618 PROFESSIONAL DRIVE 618 PROFESSIONA

The sum of: **25.00**

1 502	**SPECIAL EVENT PER**	**EVENT PERMIT**		**$ 25.00**
		1101-0000-3005.02	25.00	
			Total	**$ 25.00**
	TENDERED:	**CASH**		**$ 25.00**

Signed: Angela Hamm

Employee # _____

Date: 8/12/2026 Name: Caylee Steward

Position: Community Health Coordinator

Department: Community Development

Effective Date of Transaction: 8/10/2026

Board Approval: Yes ☐ No ☐ Date: _____

New Hire: ☐ Leave of Absence: ☐

Name Change: ☐ Rehire: ☐

Status Change: ☐ Termination: ☐

Seasonal Return: ☐ Deceased: ☐

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone #_____ D.O.B.:_____

Email Address: _____

Full Time ☑ Part-Time ☐ Seasonal ☐

Hourly: Bi-Weekly:

Basis of pay: 29.85 2388

Salary Change:

☑ Salary Change: From: 28.85

To: 29.85

☐ Retroactive Pay: Effective: _____

☐ Job Title: From: _____

To: _____

SUSPENSION/ LEAVE

☐ Suspension w/out pay

To: _____ From: _____

☐ Leave of Absence:

☐ FMLA ☐ W/C ☐ Short Term Dis

To: _____ From: _____

☐ Other:_____ Date: _____

APPROVAL SIGNATURES & DATE

8/13/26 Zach Washler Dpt Head & Date

_____ HR & Date

_____ CT & Date

Payroll completed by: _____

Date: _____

SUSPENSION/ LEAVE NOTES

First Due Communications
520 Spring St
Fort Wayne, IN 46808-3232
2602670588
info@firstduecom.com

ADDRESS
New Haven Police Department
815 Lincoln Highway E
New Haven, Indiana 46774
United States

SHIP TO
New Haven Police Department
815 Lincoln Highway E
New Haven, Indiana 46774
United States

Estimate 26102

DATE 07/31/2026

EXPIRATION DATE 08/21/2026

TITLE
Chevy Tahoe Admin Build

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Blueprint Siren Controller 200W - Handheld w/Link		1	1,335.00	1,335.00T
	100J Series Composite Speaker w/ Universal Bail Bracket - 100 watt		2	218.52	437.04
	100J/100U Series Speaker Bracket (no drill) capable of holding up to two speakers for the Dodge Ram		1	67.50	67.50
	3-Wire Isolation Module		1	98.93	98.93
	Blueprint Sync	Add-on component for the bluePRINT 3 System to provide warning system coordination between vehicles. Compatible with East Central Fire/EMS/NHPD vehicles. Includes GPS Puck.	1	303.00	303.00
	nForce Front Interior Lightbar - Dual Color	DS - RED/WHITE PS - BLUE/WHITE	1	1,251.00	1,251.00

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	4" mPower - Dual Color	(Discrete) w/Stealth Lens x2 Grille x2 Front Bumper Corners x2 C-D Pillar Window	6	163.00	978.00
	Grille Mount Bracket 1 Mod Kit for installation on 2025-2026 Chevrolet Tahoe		2	27.92	55.84
	Dual Window Shroud Kit for 4" Light w/ Stud Mount - Black	Rear Window Light Shrouds	2	28.50	57.00
	XF Flush Mount Light - Single Color	Rear Lift Gate	2	92.50	185.00
	Headlight Flashers		1	0.00	0.00
	Taillight Flashers	Plug and Play Factory Taillight Harness - Will allow synchronization between factory tail lights and other perimeter lighting.	1	185.00	185.00
	nForce Rear Interior Lightbar - Dual Color	DS - RED/AMBER PS - BLUE/AMBER	1	1,251.91	1,251.91
	Blue Sea Automatic Timer Disconnect		1	156.80	156.80
	Shop Supplies		1	375.00	375.00
	Install Labor		1	3,570.00	3,570.00
	Freight	Added at time of invoice	1	0.00	0.00
					Vehicle Upfit: 10,307.02
	STI Antenna 800 MHz Peel n Stick Interior Antenna	Covert Antenna	1	179.40	179.40
	Magnetic Mic	x1 Radio x1 Siren Controller	2	39.99	79.98T
					Radio Accessories: 259.38
	Rear Hinged Lid Trunk Tray Storage Box for 2021-2025 Chevrolet Tahoe	Rear Storage for Electronics	1	1,206.80	1,206.80
	Dual Gun Rack GM/CHEVY Tahoe 2021+ Handcuff Key	Mounts between front driver and passenger seats.	1	869.40	869.40T
	Full Width Trunk Tray Rubber Mat Option for 2021-2026 Chevrolet Tahoe		1	162.12	162.12T

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
					Rear Storage/Gun Rack: 2,238.32

SUBTOTAL	12,804.72
TAX	0.00
TOTAL	$12,804.72

Accepted By

Accepted Date

MNJ Technologies Direct, Inc.
1025 Busch Parkway
Buffalo Grove, IL 60089
(800) 870-4340
www.mnjtech.com

QUOTE

QUOTE DATE	QUOTE NO	PO	ORDERED BY	PRINTED ON	ORDER BALANCE
08/12/2026	S001825963		Jon Stauffer	8/13/26 8:17 AM	11,164.35

BILL TO (6034486):

City of New Haven
815 E Lincoln HWY
New Haven, IN 46774,USA

CONFIRM TO: Rob Forst

SHIP TO (000649987):

City of New Haven
815 LINCOLN HWY E

NEW HAVEN, IN 467741422,USA

ATTN TO:

NAME: Jon Stauffer

PHONE: 2606029618
EMAIL: jstauffer@newhaven.in.gov

ACCOUNT MANAGER: Rob Forst
EMAIL: rforst@mnjtech.com
PHONE: 847-634-5496

Comment:

LINE	PRODUCT	DESCRIPTION	QUANTITY	PRICE($)	AMOUNT($)
1	MNJ21740357	ThinkStation P3 Ultra Small Form Factor Gen 2 (Intel) Workst MFG PART NO: 30J6000JUS	2	3,325.26	6,650.52
2	MNJ21583245	Lenovo ThinkStation P3 Gen 2 30HT007WUS Workstation - 1 x Intel Core Ultra 7 265 - vPro Technology - 32 GB - 1 TB SSD - Tower MFG PART NO: 30HT007WUS	1	2,396.40	2,396.40
3	MNJ21559707	Lenovo ThinkPad T14 Gen 6 21QJ00CTUS 14" Touchscreen Copilot+ PC Notebook - WUXGA - 60 Hz - AMD Ryzen AI 7 PRO 350 - 32 GB - 512 GB SSD - English Keyboard - Black MFG PART NO: 21QJ00CTUS	1	1,888.65	1,888.65
4	MNJ21615025	TP USB4 SMART DOCK 135W - US MFG PART NO: 40BC0135US	1	228.78	228.78

MNJ Technologies Direct, Inc.
1025 Busch Parkway
Buffalo Grove, IL 60089
(800) 870-4340
www.mnjtech.com

QUOTE

SHIP VIA:	FedEx-Ground	**PLEASE REMIT TO:**	**AMOUNT:**	11,164.35
TERMS:	Net 30	MNJ Technologies Direct, Inc.	**SALES TAX:**	0.00
		PO Box: 771861	**SHIPPING CHARGES:**	0.00
		Chicago, IL 60677-1861	**TOTAL:**	11,164.35
			ORDER TOTAL:	11,164.35

Thank you for the opportunity. We appreciate your business.

Note, due to ongoing supply chain challenges, neither MNJ nor our hardware manufacturer partners can guarantee product availability or pricing until the product is shipped.

Koorsen® FIRE & SECURITY

Proposal for Inspection Services
Proposal: 442747 Date: 6/24/2026

Submitted To (Customer):		Provided By:	
City of New Haven	Ivan Almodovar	**Koorsen Fire & Security**	Gina Barfield
PO Box 570	ialmodovar@newhaven.in.gov	3505 Focus Dr	gina.barfield@koorsen.com
New Haven, IN 46774	(260) 446-2410	Ft. Wayne, IN 46818-4505	Cell: (260) 740-6917
Acct: 1000000368			888-Koorsen (566-7736)

Service Location (if different than above):

Maintenance Shop
2201 Summit St
New Haven, IN 46774-9669
Acct: 1000003430

Billing: Time of Service

Koorsen Fire & Security is committed to providing you the best service and solutions to safeguard your facility and occupants from fire hazards and security concerns. Koorsen has been an industry leader since 1946 and will continue its strong tradition as one of the top fire and life safety providers. We appreciate the opportunity to provide the professional fire protection products and services your company demands and trusts.

The following services are included in this agreement as indicated below and as described on the attached pages.

Service	Contract Length	# Inspections per Year	Per Inspection	Annual Fee
5-Year Internal Pipe	1 Year	1	$500.00	$500.00
Backflow Devices	1 Year	1	$642.67	$642.67
Fire Sprinkler Systems	1 Year	1	$149.19	$149.19
			Total (annual fee for all services indicated above):	**$1,291.86**
			Total of Misc. Fees (Compliance, Portal, Municipality):	**$177.60**
			Total Annual Commitment:	**$1,469.46**

Note: Sales tax, if applicable, is NOT included in the price above. A processing fee of 3% will be added to any credit card transaction.

Billing: An invoice for the total annual fee will be sent upon signed acceptance of this agreement or billed as indicated above. Upon credit approval, all charges shall be paid NET 30 Days from the date of invoice.

By signing below, Customer accepts all terms and conditions outlined on the following pages.

Koorsen Fire & Security

Signature: _____ Title: Territory Account Manager _____ Date: _____

Customer's Acceptance

Signature: _____ Title: _____ Date: _____

Printed: Ivan Almodovar

Inspection Services - Backflow Devices

Insps. per Year: 1 **Level:** Inspect / Test & Inspect

Price per Insp.: $642.67 **Month Insp. is Due:** July

Covered Equipment Counts

6	Preventer Test - Domestic
2	Preventor Test - Fire Line

Included Services:

- Test backflow preventors inspected by certified backflow technicians.
- Verify receipt and restoral of all signals tested with the monitoring company.

Inspections are to be completed during regular business hours.

_____ If checked, see "Addendum" for additional information or clarifications. Customer's Initials: _____

Inspection Services - 5-Year Internal Pipe

Insps. per Year: 1 **Level:** Inspect / Test & Inspect

Price per Insp.: $500.00 **Month Insp. is Due:** July

Covered Equipment Counts

1 5-Year Internal Pipe (wet or dry riser)

Included Services:

- Close control valve on system(s) to be internally inspected.
- Drain system(s) to be internally inspected.
- Determine location where flushing or end cap will be used for inspection.
- Remove end cap or open flushing connection.
- Determine closest sprinkler branch line from end cap or flushing connection to be removed.
- Remove sprinkler for internal inspection.
- Determine if enough of a presence of foreign organic or inorganic is found to obstruct pipe or sprinklers and possibly require an obstruction investigation or flushing.
- Verify receipt and restoral of all signals tested with the monitoring company.

Inspections are to be completed during regular business hours.

_____ If checked, see "Addendum" for additional information or clarifications. Customer's Initials: _____

Inspection Services - Fire Sprinkler Systems

Insps. per Year: 1 **Level:** Inspect / Test & Inspect

Price per Insp.: $149.19 **Month Insp. is Due:** July

Covered Equipment Counts

1 Wet Risers

Included Services:

- Flow water at each full inspection
- Inspect all fire department connections
- Inspect all flow switches
- Inspect all control valves and tamper switches
- Perform a main drain test on all risers noting static and residual water pressure
- Test alarms on sprinkler systems
- If there are dry pipe valves, inspect for proper air and water pressure and priming water level
- Perform an annual full or partial trip test
- Drain all low point drains identified by the Customer on dry systems
- Verify receipt and restoral of all signals tested with the monitoring company

Additional Services (when applicable):
Antifreeze

- Test antifreeze solution to ensure concentration is within acceptable limits

Inspections are to be completed during regular business hours.

_____ If checked, see "Addendum" for additional information or clarifications. Customer's Initials: _____

Term, Renewal, Expiration, Initial Deficiencies, Returned Merchandise & Conditions

This quotation is in effect for 30 days from the date of this quote. This Agreement, following the initial term, shall automatically renew for (1) year unless Customer provides notice of termination at least sixty (60) days before the expiration of the initial term or any renewal. If Customer terminates the Agreement without the required notice, Customer agrees to pay fifty (50) percent of the most recent annual fee as liquidated damages. Koorsen may terminate this Agreement at any time upon thirty (30) days written notice.

Customer agrees that at the time of any renewal of this Agreement, Koorsen may increase the annual fee for the renewal thereof. Customer agrees to pay the full amount of such increase, which does not exceed a 5% increase over the previous annual fee. In the event Koorsen increases the annual fee by an amount greater than 5%, Customer may terminate the Agreement upon written notice to Koorsen within fifteen (15) days of notification of such increase. No returned merchandise accepted for credit unless authorized. All claims must be made within 5 days of invoice.

THE ATTACHED CONDITIONS ARE INCORPORATED IN THIS AGREEMENT. PLEASE READ CAREFULLY. KOORSEN IS NOT AN INSURER. OUR MAXIMUM LIABILITY IS LIMITED TO THE GREATER OF 10% OF THE ANNUAL SERVICE CHARGE OR $500.00. USER ACKNOWLEDGES RECEIPT OF COPY AND THAT HE HAS READ AND UNDERSTANDS THE CONDITIONS OF THE AGREEMENT.

It is understood that Koorsen Fire & Security, Inc. (KFS) is not an insurer, that it shall specifically be the obligation of customer to purchase any insurance which customer shall be exempt from liability for loss, damage or injury due directly or indirectly to occurrences or consequences therefrom which the Product Service is designed to detect or avert, and to identify KFS as an additional insured on such insurance policy.

The amounts payable to KFS hereinunder are based upon the value of the services and the scope of liability as herein set forth and are unrelated to the value of the customer's property or property of others located in customer's premises. KFS makes no guaranty or warranty which extends beyond the description on the face hereof, including any implied warranty of merchantability or fitness, that the Product or Services supplied will avert or prevent occurrences or the consequences therefrom which the Product or Services is designed to detect or avert. It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of KFS to perform any of its obligations hereunder. The customer does not desire this contract to provide for full liability of KFS and agrees that KFS shall be exempt from liability for loss, damage or injury due directly or indirectly to occurrences or consequences therefrom which the Product or Service is designed to detect or avert. That if KFS should be found liable for loss, damage or injury due to a failure of service or equipment in any respect, its liability shall be limited to a sum equal to 10% of the annual service charge, or $500, whichever is greater, as the agreed upon damages and not as a penalty, as the exclusive remedy, and that the provisions of this paragraph shall apply if loss, damage or injury, irrespective of cause or origin, results directly or indirectly to person or property from performance or nonperformance of obligation imposed by this contract or from negligence, active or otherwise, of KFS, its agents or employees. No suit or action shall be brought against KFS more than one (1) year after the accrual of the cause of action therefore, in the event any person not a party to this agreement shall make any claim or file any lawsuit against KFS for failure of its equipment or service in any respect, customer agrees to indemnify and hold KFS harmless from any and all such claims and lawsuits including the payment of all damages, expenses, costs and attorney's fees.

So far as it is permitted by customer's property insurance coverage, customer hereby releases, discharges and agrees to hold KFS harmless from any and all claims, liabilities, damages, losses or expenses, arising from or caused by any hazard covered by insurance in or on the customer's premises whether said claims are made by customer, his agents, or insurance company or other parties claiming under or through customer. Customer agrees to indemnify KFS against and defend and hold KFS harmless from any action for subrogation which may be brought against KFS by any insurer or insurance company or its agents or assigns including the payment of all damages, expenses, costs and attorneys' fees.

It is further agreed that the limitations on liability and the obligations of the customer, expressed herein, shall inure to the benefit of and apply to all parent, subsidiary and affiliated KFS companies as well as to any company which KFS may contract with to provide any of the services set forth herein. If this agreement provides for a direct connection to a municipal police or fire department or other organization, that department, or other organization may invoke the provisions hereof against any claims by the customer due to any failure of such department or organization.

General

This agreement is the only agreement between Koorsen Fire & Security and the undersigned customer and supersedes all previous agreements with respect to its subject matter. This agreement may not be modified except in writing and signed by both parties.

Service Availability, Accessibility, and Covered Equipment

Routine inspections if required will be performed between 8:00 a.m. and 5:00 p.m. Monday through Friday. In the event the customer requests service at other times or Saturdays, Sundays or holidays, the customer agrees to pay additional charges, unless covered by agreement.

If access to locked or restricted areas is required to provide the services covered by this Agreement, Customer agrees to provide KFS a key or escort. Customer acknowledges that failure to provide these may cause KFS additional time and expense to perform the services. KFS reserves the right to add additional fees to the agreement in this case.

If this agreement includes Managed Access Control Services, the Customer must provide a connection to the Internet for the system.

If Koorsen is required to provide a lift to perform this agreement, there will be an additional charge, unless covered by this agreement.

This agreement is based upon the device counts listed. KFS reserves the right to add additional fees if the actual device counts are in excess of the contracted amount.

Exclusions

Koorsen Fire & Security will not be responsible for repair or damage caused by: (a) Unauthorized modifications or attachments, (b) Misuse or external causes such as accident or disaster, which shall include, but not be limited to fire, water, wind and lightning, neglect, interruptions in the building's main electrical service or alterations of equipment. You understand that a servicing agency may reserve the right to decline service if equipment is improperly installed by others, has been tampered with by unqualified personnel, is inadequate for purpose intended, or if contrary to fire prevention regulations.

Unless specifically stated as covered/included in this agreement, the labor and agent required to re-charge a system or device is not included.

For repair of any sprinkler system, it is customer's responsibility to show KFS all drain valves, including those hidden above the ceiling or in a wall. KFS will not be responsible for water damage caused from any undisclosed drain valve, whether or not it was known to customer. Customer is responsible for draining all low points following a Koorsen's inspection for all dry sprinkler systems.

Agreement Termination Penalty

Customer acknowledges that the contract option provides a discounted rate and that early termination of the agreement will result in financial damage to KFS. In the event of early termination by Customer, Customer shall be liable to KFS for a termination penalty of one year's annual fee. Early termination shall mean any act of Customer which effectively ends the agreement. Customer' shall be liable to KFS for any and all costs and expenses, including actual attorney fees, associated with the collection of the termination penalty if necessary.

Performance Guidance

If KFS does not perform services to the satisfaction of the Customer, the Customer may elect to terminate the agreement at any time. To terminate the agreement, the Customer must give KFS 30 days written notice and an opportunity to correct any deficiencies. If after 30 days, the Customer and KFS agree that the problems cannot be resolved, the agreement is terminated without penalty to either party.

Purchase Price and Payment

Customer agrees to pay KFS the purchase price for the Equipment and/or Services set forth on the proposal or as otherwise set forth on the KFS's invoice. Upon credit approval, all charges shall be paid "NET 30 DAYS" from the date of invoice. A convenience fee of 3%, of the invoice amount, will be charged for payments by credit card. Payments by check, cash, ACH, Wire Transfer or echeck are not subject to the convenience fee.

Customer's Acceptance

Signature: _____ Title: _____ Date: _____

Employee # _____

Date: 08/10/2026 Name: Joe King

Position: PW Employee

Department: Public Works

Effective Date of Transaction: 8/17/2026

Board Approval: Yes ☐ No ☐ Date: 08/18/2026

New Hire: ☑ Leave of Absence: ☐

Name Change: ☐ Rehire: ☐

Status Change: ☐ Termination: ☐

Seasonal Return: ☐ Deceased: ☐

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone #_____ D.O.B.:_____

Email Address: _____

Full Time ☑ Part-Time ☐ Seasonal ☐

Hourly: Bi-Weekly:

Basis of pay: $27.10 _____

Salary Change:

☐ Salary Change: From: _____

To: _____

☐ Retroactive Pay: Effective: _____

☐ Job Title: From: _____

To: _____

SUSPENSION/ LEAVE

☐ Suspension w/out pay

To: _____ From: _____

☐ Leave of Absence:

☐ FMLA ☐ W/C ☐ Short Term Dis

To: _____ From: _____

☐ Other:_____ Date: _____

APPROVAL SIGNATURES & DATE

Dpt Head & Date

Lansy Barrow HR & Date

_____ CT & Date

Payroll completed by: _____

Date: _____

SUSPENSION/ LEAVE NOTES