

CITY OF FAIRFIELD

SHIP TO: Building Maintenance
 1000 Webster Street
 Fairfield CA 94533

P.O. NUMBER: SC 10062

VENDOR NO: 00521

SCHEDULED
 DELIVERY DATE:

P.O. TYPE: OPEN
 CONFIRMING

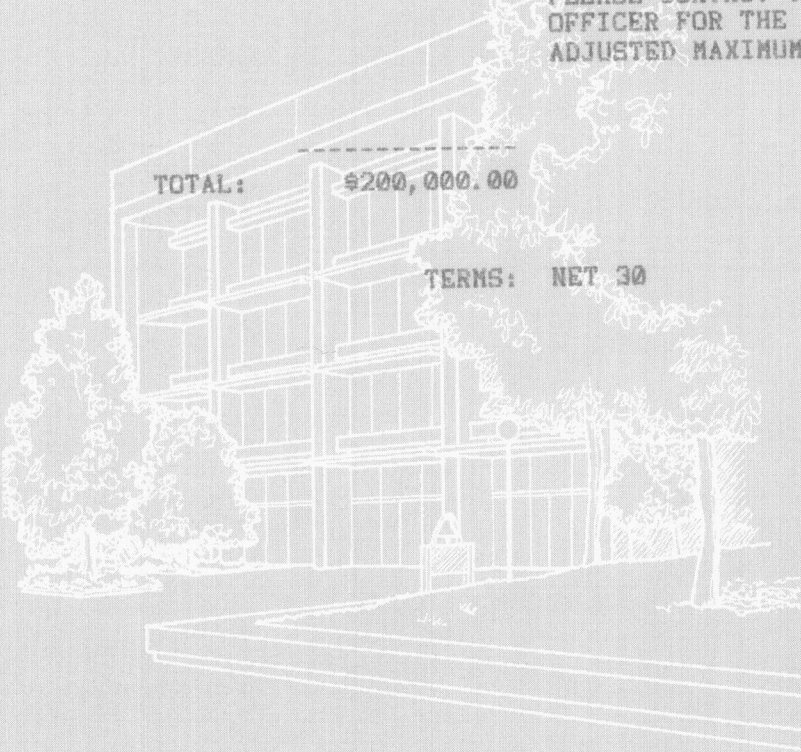
VENDOR: BME INC
 C/O JOHN S LAIRD
 P O BOX 1525
 GEORGETOWN CA 95634-1525

PURCHASE ORDER

LINE	QUANTITY	UNIT	UNIT PRICE	AMOUNT	DESCRIPTION OF ITEM AND/OR SERVICES ORDERED
1	200,000	EA	1.00	200,000.00	PURCHASE OF GOODS AND SERVICES IS LIMITED TO THE CURRENTLY ADJUSTED MAXIMUM UNIT COST. PLEASE CONTACT THE PURCHASING OFFICER FOR THE CURRENTLY ADJUSTED MAXIMUM.

TOTAL: \$200,000.00

TERMS: NET 30



AUTHORIZED
 SIGNATURE

Wade
 PURCHASING

05/02/02
 DATE

COPIES: WHITE VENDOR
 YELLOW PURCHASING
 GOLDEN INVENTORY
 GREEN ENCUMBRANCE
 PINK RECEIVING
 BLUE DEPARTMENT

INVOICE IN TRIPLICATE TO:
 CITY OF FAIRFIELD
 ACCOUNTS PAYABLE
 1000 WEBSTER STREET
 FAIRFIELD, CA 94533-4883

SC 10062
00521

PUBLIC WORKS DEPARTMENT INTEROFFICE MEMORANDUM

Date: January 19, 2005

To: Charles J. Beck, Director of Public Works

From: Hank Dominguez, Building Maintenance Manager

Subject: Establish "Service Contract" Purchase Order Accounts for **BME, INC.** with Certificates of Liability and Endorsements on File.

Action: Please review and initial attached one-page contract, then forward to Wade Brown for signing.

Risk Management has implemented a requirement for all contractors doing business with the City to provide "certificates of liability" as evidence of adequate business insurance. The City also requires all contractors to list City employees and property as "additional insured". If an incident should occur, then the Contractor's insurance would be utilized first for coverage and compensation.

The City's purchasing officer has created a new series of open purchase order "Service Contract" accounts such that a streamlined binding contract, certificates of liability and endorsements are on file for each vendor. The limit for purchasing goods and services could be set at the maximum "not to exceed current unit cost", which is at this time \$19,609.00. These purchases of goods and services could be approved without City Council Action, just as open purchase orders could before.

The attached one-page contract will establish "Service Contract" account with **BME, Inc.** for cogen maintenance/consulting.

RECEIVED
FEB - 1 2005
CITY OF FAIRFIELD

ENTRADA
VERIFICACION

FEB 2 2005

BY _____

CITY OF FAIRFIELD SERVICES AGREEMENT

THIS AGREEMENT is made at Fairfield, California, as of the 2/1, 2005, by and between the City of Fairfield ("the CITY") and BME, INC. ("SERVICE PROVIDER").

1. SCOPE OF SERVICE

SERVICE PROVIDER agrees to perform the following work: Cogen maintenance/consulting.

2. PAYMENTS.

- a. Payment shall be made to SERVICE PROVIDER on a time and materials basis, and SERVICE PROVIDER shall submit monthly invoices to the Building Maintenance Manager for the same.
- b. Any additional meetings or work required beyond that set forth in Exhibit "A" shall be mutually agreed to by the CITY and SERVICE PROVIDER, and shall be billed on a time and materials basis to the Building Maintenance Manager. (See address below)

Hank Dominguez, Building Maintenance Manager
1000 Webster Street
Fairfield, CA 94533

3. INSURANCE.

- a. **WORKERS' COMPENSATION.** During the term of this Agreement, SERVICE PROVIDER shall fully comply with the terms of the law of California concerning workers' compensation. Said compliance shall include, but not be limited to, maintaining in full force and effect one or more policies of insurance insuring against any liability SERVICE PROVIDER may have for workers' compensation. Said policy shall also include employer's liability coverage no less than \$1,000,000 per accident for bodily injury or disease.
- b. **GENERAL LIABILITY INSURANCE.** SERVICE PROVIDER shall obtain at its sole cost and keep in full force and effect during the term of this agreement commercial general liability insurance in the amount of \$ 1,000,000 per occurrence for bodily injury, personal injury, and property damage. Said insurance shall provide (1) that the CITY, its officers, agents, employees and volunteers shall be named as additional insureds under the policy, and (2) that the policy shall operate as primary insurance, and (3) that no other insurance effected by the CITY or other named insureds will be called upon to cover a loss covered thereunder.
- c. **AUTOMOBILE LIABILITY INSURANCE.** SERVICE PROVIDER shall obtain at its sole cost and keep in full force and effect during the term of this agreement automobile liability insurance in the amount of \$ 1,000,000 per occurrence for bodily injury and property damage. Said insurance shall provide (1) that the CITY, its officers, agents, employees and volunteers shall be named as additional insureds under the policy, and (2) that the policy shall operate as primary insurance, and (3) that no other insurance effected by the CITY or other named insureds will be called upon to cover a loss covered thereunder.
- d. **CERTIFICATES OF INSURANCE.** SERVICE PROVIDER shall file with CITY'S Director of Finance upon the execution of this agreement, certificates of insurance which shall provide that no cancellation, major change in coverage, expiration, or nonrenewal will be made during the term of this agreement, without thirty (30) days written notice to the Director of Finance prior to the effective date of such cancellation, or change in coverage.
- e. SERVICE PROVIDER shall file with the Director of Finance concurrent with the execution of this agreement, the City's standard endorsement form (attached hereto) providing for each of the above requirements.

- 4. **INDEMNIFY AND HOLD HARMLESS.** SERVICE PROVIDER shall indemnify, defend, and hold harmless the CITY, its officers, agents, employees and volunteers from all claims, suits, or actions of every name, kind and description, brought forth on account of injuries to or death of any person or damage to property arising from or connected with the willful misconduct, negligent acts, errors or omissions, ultra-hazardous activities, activities giving rise to strict liability, or defects in design by the SERVICE PROVIDER or any person directly or indirectly employed by or acting as agent for SERVICE PROVIDER in the performance of this Agreement, including the concurrent or successive passive negligence of the CITY, its officers, agents, employees or volunteers

It is understood that the duty of SERVICE PROVIDER to indemnify and hold harmless includes the duty to defend as set forth in Section 2778 of the California Civil Code.

Acceptance of insurance certificates and endorsements required under this Agreement does not relieve SERVICE PROVIDER from liability under this indemnification and hold harmless clause. This indemnification and hold harmless clause shall apply whether or not such insurance policies shall have been determined to be applicable to any of such damages or claims for damages.

5. LABOR AND WAGE CODE GUIDELINES

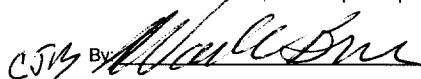
- a. Attention is directed to Section 1777.5 of the Labor Code as it applies to apprenticeship standards.
- b. SERVICE PROVIDER, as defined for this agreement, shall pay prevailing wages to the extent required by California Labor Code Section 1771. The general prevailing wage rates for each craft, classification, or type of workman shall be as determined by the Director of Industrial Relations (available online at http://www.dir.ca.gov/DLSR/statistics_research.html select the appropriate wage decision and then collect the wage decision for Statewide, Northern California and Solano County). A copy of these wage rate determinations are kept on file and are available for review at the Office of the City Engineer located at 1000 Webster Street.
- c. In accordance with the provision of Section 1860 of the California Labor Code, attention is directed to the requirement that in accordance with the provisions of Section 3700 of the California Labor Code, every contractor will be required to secure the payment of compensation of his or her employees.

- 6. **BUSINESS LICENSE.** The CONSULTANT shall obtain a business license for work within the City of Fairfield pursuant to Chapter 10B of the Fairfield City Code, with respect to the gross receipts received pursuant to this Agreement. No payments shall be made to any CONSULTANT until such business license has been obtained, and all fees paid therefore, by the CONSULTANT. Business license applications and information may be obtained from the Finance Department, Fairfield City Hall, 1000 Webster Street, Fairfield, CA 94533-4883, (707/428-7509).

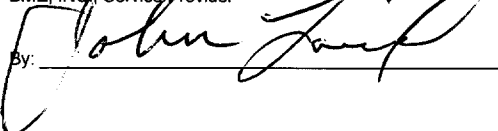
- 7. **CANCELLATION.** This agreement may be canceled at any time by CITY for its convenience upon written notice to SERVICE PROVIDER: provided, however, that the SERVICE PROVIDER shall be entitled to receive full payment for all services performed and all costs incurred to the date of its receipt of written notice to cease work.

- 8. **COMPLETE AGREEMENT/AMENDMENT.** This Agreement constitutes the complete agreement between the parties as to the subject matter hereof and may not be amended or changed except by a written agreement signed by both parties.

CITY OF FAIRFIELD, a municipal corporation

By: 

BME, INC, Service Provider

By: 

INSURANCE/ENDORSEMENT CHECKLIST

Department of Public Works
Project

CONTRACTOR: BME, Inc.
John Laird

ADDRESS: P. O. Box 1525
Georgetown, CA 95634

INSURANCE PRODUCER: Fairfield Insurance Associates, LLC

INSURERS: Scottsdale Insurance Co. (A)
Financial Indemnity Insurance Co. (B)

Check Box if Req.	Type of Insurance	Insurance Company Policy No.	Exp. Date	Amount of Insurance	Endorsement (Check One)	
					City	Other
X	General Liability	CLS0990304A	11/30/05	\$3,000,000		X
X	Auto Liability	C7140457	10/8/05	\$1,000,000		
	Professional Liability					
	Excess Liability					
X	Workers' Comp.	1325628-2004	12/1/05	\$1,000,000		

DATE OF CONTRACT: N/A RES. NO. N/A EXP. DATE: N/A DP FILE NO. N/A

PERSON REVIEWING INSURANCE REQUIREMENTS: _____

INSURANCE REQUIREMENT WAIVED YES NO

ENDORSEMENT REQUIREMENTS WAIVED YES *auto only* NO

FOR FINANCE DEPARTMENT PURPOSES

THE ABOVE INSURANCE/ENDORSEMENT REQUIREMENTS HAVE BEEN REVIEWED AND APPROVED BY:

J. J. [Signature] 1/19/05
 AUTHORIZED SIGNATURE Date

THE ABOVE INSURANCE REQUIREMENTS EXPIRE DURING THE TERM OF THE CONTRACT YES NO

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 1/6/2005
PRODUCER Fairfield Insurance Associates, LLC 729 Jefferson Street Fairfield CA 94533 (707) 425-9588		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED JOHN LAIRD dba: BME INC P.O. BOX 1525 GEORGETOWN CA 95634		
INSURERS AFFORDING COVERAGE		
INSURER A: SCOTTSDALE INSURANCE COMPANY		<i>A + EXU</i>
INSURER B: FINANCIAL INDEMNITY INSURANCE COMPANY		<i>As cell</i>
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CLS0990304A	11/30/2004	11/30/2005	EACH OCCURRENCE \$ 3,000,000
	FIRE DAMAGE (Any one fire) \$ 50,000				
	MED EXP (Any one person) \$				
	PERSONAL & ADV INJURY \$ 3,000,000				
	GENERAL AGGREGATE \$ 3,000,000				
	PRODUCTS - COMP/OP AGG \$ 3,000,000				
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	C7140457	10/08/2004	10/08/2005	COMBINED SINGLE LIMIT (Ea accident) \$
	BODILY INJURY (Per person) \$ 1,000,000				
	BODILY INJURY (Per accident) \$				
	PROPERTY DAMAGE (Per accident) \$				
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO					AUTO ONLY - EA ACCIDENT \$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$					OTHER THAN EA ACC AGG \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

THIS CERTIFICATE HOLDER IS RECOGNIZED AS AN ADDITIONAL INSURED UNDER THE TERMS AND CONDITIONS OF THIS POLICY AS RESPECTS THE OPERATIONS OF THE NAMED INSURED.
 CITY OF FAIRFIELD, ITS OFFICERS, EMPLOYEES, VOLUNTERS AND AGENTS

CERTIFICATE HOLDER	CITY OF FAIRFIELD 1000 WEBSTER STREET FAIRFIELD CA 94533	ADDITIONAL INSURED; INSURER LETTER:	
		CANCELLATION	
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.	
		AUTHORIZED REPRESENTATIVE	

POLICY NUMBER: CLS0990304A

COMMERCIAL GENERAL LIABILITY
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
CITY OF FAIRFIELD, ITS OFFICERS, EMPLOYEES, VOLUNTEERS AND AGENTS	1000 WEBSTER STREET FAIRFIELD, 94533
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

POLICY ENDORSEMENT # 4

Insured copy

This Endorsement is Attached to and made part of Policy # CLS0990304A
Insurance Company: Scottsdale Insurance Co.
Effective date of this Endorsement is 1/6/05 at 12:01 AM Standard Time.

Issued to: BME, INC.
Agent: ISU INS SVCS/Fairfield Associates, LI
Producer: Yates & Associates Insurance Service

X Additional Insured(s)

In consideration of an additional premium of \$100.00, it is hereby agreed that form CG2010 (07/04) Additional Insured -Owners, Lessees or Contractors Scheduled Person or Organization is made part of this policy effective 1/6/05 per the attached form.

CITY OF FAIRFIELD, ITS OFFICERS, EMPLOYEES, VOLUNTEERS AND AGENTS
1000 WEBSTER STREET
FAIRFIELD

All other Terms and Conditions remain the same.

Issue Date: 1/11/05

James M. gates
Issued By: _____
Company Representative

Other - shown above	100.
Broker Fee	0.
Policy/Inspection Fee	0.
State Tax	3.
Stamp Fee	0.
Total	103.

POLICYHOLDER COPY

STATE
COMPENSATION
INSURANCE
FUND

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 01-07-2005

GROUP:
POLICY NUMBER: 1325628-2004
CERTIFICATE ID: 45
CERTIFICATE EXPIRES: 12-01-2005
12-01-2004/12-01-2005

CITY OF FAIRFIELD
100 WEBSTER
FAIRFIELD CA 94533

This is to certify that we have issued a valid Worker's Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.



AUTHORIZED REPRESENTATIVE



PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1600 - JOHN LAIRD, PRES, SEC, TREAS - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 12-01-1995 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

ENDORSEMENT #2570 ENTITLED WAIVER OF SUBROGATION EFFECTIVE 01-07-2005 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. THIRD PARTY NAME: CITY OF FAIRFIELD

EMPLOYER

BME, INC.
PO BOX 1525
GEORGETOWN CA 95634

SCIF 10262E

Accept this certificate only if you see a faint watermark that reads "OFFICIAL STATE FUND DOCUMENT"

(TMP.NF)
PRINTED 01-07-2005
PAGE 1 OF 1

WAIVER OF SUBROGATION

**STATE
COMPENSATION
INSURANCE
FUND**

HOME OFFICE
SAN FRANCISCO

ALLEFFECTIVE DATES ARE
AT 12:01 AM PACIFIC
STANDARD TIME OR THE
TIME INDICATED AT
PACIFIC STANDARD TIME

1325628-04
RENEWAL
NF

PAGE 1

ENDORSEMENT AGREEMENT

**EFFECTIVE JANUARY 7, 2005 AT 12.01 A.M.
AND EXPIRING DECEMBER 1, 2005 AT 12.01 A.M.**

BME, INC.

**PO BOX 1525
GEORGETOWN, CA 95634**

ANYTHING IN THIS POLICY TO THE CONTRARY NOTWITHSTANDING,
IT IS AGREED THAT THE STATE COMPENSATION INSURANCE FUND
WAIVES ANY RIGHT OF SUBROGATION AGAINST,

CITY OF FAIRFIELD

WHICH MIGHT ARISE BY REASON OF ANY PAYMENT UNDER THIS
POLICY IN CONNECTION WITH WORK PERFORMED BY,

BME, INC.

IT IS FURTHER AGREED THAT THE INSURED SHALL MAINTAIN
PAYROLL RECORDS ACCURATELY SEGREGATING THE REMUNERATION
OF EMPLOYEES WHILE ENGAGED IN WORK FOR THE ABOVE
EMPLOYER.

IT IS FURTHER AGREED THAT PREMIUM ON THE EARNINGS OF SUCH
EMPLOYEES SHALL BE INCREASED BY 03%.

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE
OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS
POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE
HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR
LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO:



AUTHORIZED REPRESENTATIVE

SCIF FORM 10217 (REV.3-03)

JANUARY 11, 2005



PRESIDENT

2570

EDD REPORTING REQUIREMENTS CHECKLIST

Effective January 1, 2001 the State Employment Development Department (EDD) requires the following.

Please complete the following: (To be complete by the department)

Department: _____ Date of Contract: _____
 Authorized by Res. No.: _____ Contract Expiration Date: _____
 Person Reviewing EDD Requirements: _____ Phone: _____

EDD REPORTING REQUIREMENTS. When CITY executes an agreement for or makes payment to CONSULTANT in the amount of \$600 (six hundred dollars) or more in any one calendar year, CONSULTANT shall provide the following information to CITY to comply with EDD reporting requirements:

- A. Whether CONSULTANT is doing business as a sole proprietorship, partnership, limited liability partnership, corporation, limited liability corporation, non-profit corporation or other form of organization.
- B. If CONSULTANT is doing business as a sole proprietorship, CONSULTANT shall provide the full name, address and social security number or federal tax identification number of the sole proprietor.
- C. If CONSULTANT is doing business as other than a sole proprietorship, CONSULTANT shall provide CONSULTANT's federal tax identification number.

Dear Contracting Company:

Pursuant to your contract with the above-mentioned City of Fairfield Department, you are required to complete box 1 AND box 2 below.

Please indicate the type of business and provide the information requested:

BOX 1

NAME AND ADDRESS	
FULL NAME	BME inc -
ADDRESS	PO Box 1525
CITY, STATE, ZIP	Georgetown, Ca 95634

AND

BOX 2

X Box	TYPE OF BUSINESS	SOCIAL SECURITY NUMBER AND/OR FEDERAL ID NUMBER
<input type="checkbox"/>	SOLE PROPRIETORSHIP	
<input type="checkbox"/>	PARTNERSHIP	
<input type="checkbox"/>	LIMITED LIABILITY PARTNERSHIP	
<input checked="" type="checkbox"/>	CORPORATION	
<input type="checkbox"/>	LIMITED LIABILITY CORPORATION	
<input type="checkbox"/>	NON-PROFIT CORPORATION	
<input type="checkbox"/>	OTHER FORM OF ORGANIZATION	

PLEASE RETURN THIS FORM WITH THE SIGNED CONTRACT TO THE CITY OF FAIRFIELD