

REQUEST FOR QUOTATIONS – SFQ-RH-09-015
MEDICAL GRADE OXYGEN
CITY OF ROCHESTER HILLS FIRE DEPARTMENT



Dated: February 10, 2009. The City of Rochester Hills is soliciting quotations for **Medical Grade Oxygen** for a one (1) year period. The City reserves its right to exercise an option to renew for two additional 1-year terms. The City's existing contract expires on March 31, 2009.

If you are interested in providing a quotation, please fill in the following information no later than the **due date March 4, 2009 @ 5:00 p.m.** All hardcopy (mailed or faxed) quotations should be directed to the attention of: Marilyn Paulsen-Tomaszewski, CPPB, Purchasing Analyst, Phone: 248.841.2539 Fax 248.608.8178, City of Rochester Hills, Purchasing Division, 1000 Rochester Hills Drive, Rochester Hills, MI 48309 or submitted online through the MITN website.

Questions are to be directed to Marilyn Paulsen-Tomaszewski, CPPB, Purchasing Analyst; questions regarding the quotation must be made in writing prior to February 25, 2009 @ 11:00 a.m., at which time a response will be prepared and forwarded to all vendors as an amendment, or an addendum to the quotation, if such information would be of significance to uninformed vendors. Questions received after the date and time above will not be considered.

The City of Rochester Hills officially distributes quotation documents from the Purchasing Division or through the Michigan Intergovernmental Trade Network (MITN). Copies of quotation documents obtained from any other source are not considered official copies. Only those vendors who obtain quotation documents from either the Purchasing Division or the MITN System are guaranteed access to receive addendum information, if such information is issued. The first step to do business with the City is to become a registered vendor by visiting the City website at www.rochesterhills.org, enter site, click on **City Services**, click on **Purchasing**, click on **Vendor Registration**, and click on the word **"register" to link to the MITN website**. Final quotation results will be posted on the MITN website after award.

The submission of a Quote hereunder shall be considered evidence that the proposer is satisfied with respect to the conditions to be encountered, and the character, quantity and quality of the work to be performed. All bid prices shall remain in effect for at least ninety (90) days from the date of the quote opening, whichever comes first.

Project Description.

The City of Rochester Hills is soliciting quotations for **Medical Grade Oxygen** for a one (1) year period. The City reserves its right to exercise an option to renew for two additional 1-year terms. The City's existing contract expires on March 31, 2009.

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Definitions.

1. Owner or City shall refer to the City of Rochester Hills.
2. Service Company, Vendor, Contractor or Proposer shall refer to the company providing a bid, quote or proposal for the work outlined in the specifications.

General Conditions.

No Quote will be accepted from, or contract awarded to any person, firm or corporation that is in arrears or is in default to the City of Rochester Hills upon any debt or contract, or that is in default as surety or otherwise, or failed to perform faithfully any previous contract with the City of Rochester Hills.

Any deviation from the scope of work must be noted in the quotation.

The City of Rochester Hills is exempt from all sales, excise and transportation taxes.

Appropriate insurance coverage shall be maintained during the length of the contract.

The successful proposer shall hold the City harmless and provide a signed Hold Harmless agreement, acceptable to the City, prior to the award of the contract.

The City reserves the right to split or abstract any or all quotations and award multiple contracts for the same quotation, based on price, availability and service when, in its judgment, best serves the City of Rochester Hills. All categories may or may not be awarded.

No contract may be assigned, sublet or transferred without the written consent of the City of Rochester Hills. Any subcontractor, so approved, shall be bound by the terms and conditions of the contract. The contractor shall be fully liable for all acts and omissions of its subcontractor(s) and shall indemnify the City of Rochester Hills for such acts or omissions.

It shall be the vendor's responsibility to make inquiry as to the changes or addenda issued. All such changes or addenda shall become a part of the contract and all proposers shall be bound by such changes or addenda. Addendums will be posted on the MITN system.

No contract will be automatically renewed at the end of any contract term.

Vendor must provide Material Safety Data Sheets (MSDS) for each chemical applied under these specifications.

Vendor is to possess appropriate licensure.

Quantities.

Exact quantities to be purchased are unknown and the City is not obligated to order or accept more than the City's actual requirements during the period of this contract, as determined by

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actual needs and availability of appropriated funds. The number of medical grade oxygen cylinders used is based upon the number of medical emergencies and patients requiring oxygen.

Award of Purchase Order.

The City of Rochester Hills reserves the right to reject any and all quotations, and to waive any defect or irregularity in the quotations. The City reserves the right to accept and separate items in the quotation and to accept the quotation that in the opinion of the City is to the best advantage and interest of the public it serves.

The quotation will be awarded to that responsible, responsive contractor whose quotation conforming to this solicitation will be most advantageous to the City with qualifications, experience, comparable projects, work plan and price considered in the evaluation process and award of a contract.

Non-Discrimination.

Contracts for work under this proposal will obligate the firm or firms to not discriminate against any employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment on a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, height, weight or marital status pursuant to the Elliot Larsen Civil Rights Act, 1976, P.A. 453. The contractor and the City shall also comply with the provisions of the Michigan Handicappers Civil Rights Act, 1976, P.A. 220 and the Federal Rehabilitation Act of 1973, P.A. 93 112, 87 Stat. 394, which require that no employee or client or otherwise qualified firm participation in, be denied the benefits of or be subjected to discrimination under any program or activity receiving Federal Assistance. No person shall, on the grounds of race, creed, color, sex, age, national origin, height, weight, handicap or marital status be excluded from participation in, be denied the proceeds of or be subject to discrimination in the performance of this contract. The contractor shall comply with all applicable regulations promulgated pursuant to the Civil Rights Act of 1964, as amended.

Payments.

Billings are to be generated monthly and are to include the date of each visit; submit to the City of Rochester Hills Accounting Division, 1000 Rochester Hills Drive, Rochester Hills, Michigan 48309, for approval and payment processing. Payments will be mailed within thirty (30) days of the receipt and acceptance of services rendered and properly completed invoice. Partial payments are not authorized on individual written purchase orders, issued for this procurement. Advanced payments will not be authorized.

Workmanship.

The awarded vendor will ensure a timely completion of assignments. Each job assignment will be completed in a satisfactory condition. All work shall meet with the approval of the City's authorized representative, as conforming to the provisions and requirements of this contract. The Vendor will provide competent, suitable and qualified personnel to perform the work required.

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For problems or deficiencies of significant importance or of a continual nature, a time period of compliance shall be established after discussion and mutual agreement. Failure of the Contractor to correct the deficiencies within the time period agreed upon shall constitute cause for termination of the services and/or withholding of payment.

In the case of any discrepancies, the subject shall be referred to the City for decisions and the City's decision shall be binding; and without such decision, adjustment shall not be made by the Contractor save at his own risk.

Safety.

The Contractor shall assure that its employees have received safety training.

All work shall be done in compliance with all applicable local, State and Federal laws, rules, regulations, zoning ordinance, as well as MIOSHA guidelines in effect at the time of the award of the contract. All licenses required by the State of Michigan, and/or the City of Rochester Hills, which are necessary to perform this work, must be obtained prior to the award of contract.

Damages.

The Contractor shall take all necessary measures to prevent damage to City buildings and grounds. The Contractor shall be responsible for damage to the City's premises that may be caused by his/her work. Should damage occur as a result of the Contractor's work, the Contractor is responsible for the repair and/or replacement of the damaged area. Otherwise, the City shall repair and/or replace the damaged area and charge the Contractor or deduct the amount from the Contractor's payment.

Termination.

The City of Rochester Hills reserves the right to terminate the contract without penalty upon thirty (30) days written notice due to poor performance or for reasons deemed to be in its best interest. A designated representative of the City of Rochester Hills will be solely responsible for determining acceptable performance levels. His/her decision will be deemed in the City of Rochester Hills' best interest and will be final. The City of Rochester Hills reserves the right to re-award the contract to the second most qualified quote, re-quote the contract or do whatever is deemed to be in its best interest.

Assignment.

The agreement shall be binding on the parties and their heirs, successors and assigns. Neither party may assign, transfer or subcontract its interests, in whole or in part, without first obtaining the written prior approval of the City of Rochester Hills before any consent is given, the successful vendor and its assignee shall bring current all monies owing to the City. No consent shall be given by the City unless the assignee agrees to be liable for any payment outstanding on this agreement at time of assignment.

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Points Not Addressed.

Vendors are encouraged to list any points not addressed in these specifications that they feel will improve or enhance this quotation.

Scheduling of Work.

Vendor must, prior to any services, contact the Fire Department in advance at 248.656.4720; failure to contact the Fire Department may result in the unavailability of access to certain City properties. Contractors must present themselves to the City's representative each day that work is performed and indicate where the work is to be performed.

Services can be performed during normal business working hours, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m., or as arranged with building occupants (excluding holidays). The buildings shall be occupied while work is being accomplished. The Fire Department is accessible twenty-four (24) hours a day.

Contractor shall take into account the sensitive location and conduct the work in such a manner as to ensure the least obstruction to visitors and staff. Because the Fire Department is a secure facility, contractors are required to report in and provide identification when entering the building. It will be the Contractor's responsibility to perform work so as not to interfere with the normal operation of City business. The facility will remain operative during the work, in the event of an emergency the contractor **may** have to cease all work until directed by a representative of the City to continue with the work.

Services may be added to or deleted from the list during the contract term at the discretion of the City. If the City requires additions and/or changes, the City will negotiate the cost of such changes with the Contractor. No additional work shall be performed without prior written approval by the City's Representative. If such negotiations fail, the City may delete the subject facility from the contract and issue a separate quotation.

Security.

The Contractor shall confine his/her work to the area assigned in this project and shall not roam the building. Contractor's personnel shall respect and adhere to all orders from the City's authorized representative.

Examination of Work Sites.

Before submitting a quotation, each Vendor shall read the specifications and all other documents, if any. Each Vendor shall fully inform himself/herself prior to submitting a quotation as to existing conditions and limitations under which the work is to be performed, and shall include in his/her quotation sums to cover the cost of items necessary to perform the work as set forth in the documents. No allowance will be made to a Vendor because of lack of such examination or knowledge. The submission of a quotation will be considered as conclusive evidence that the Vendor has made such examination.

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Specifications.

- City requires Contractor to:
 - Pick-up empty medical grade oxygen cylinders from Rochester Hills Fire Station #1 located at 1111 Horizon Court, Rochester Hills, MI 48309
 - Provide all materials, labor, required insurance, all necessary equipment and expertise to refill size “H” cylinders with medical grade oxygen.
 - Deliver filled cylinders with medical grade oxygen as requested to Fire Station #1, 1111 Horizon Court, Rochester Hills, Michigan 48309
 - Delivery of filled containers as needed (normally every 4-6 weeks).
 - The Fire Department requires sixteen (16) size “H” cylinders on-site at all times.
 - Pick-up and delivery must be made within twenty-four (24) to forty-eight (48) hours from the time a request is made.
 - Additional costs for varying fuel charges will not be allowed.

Extension Of Award To The MITN Purchasing Cooperative.

All vendors awarded contracts from this quotation may, upon mutual agreement, extend pricing for Medical Grade Oxygen to the Michigan Intergovernmental Trade Network (MITN) Purchasing Cooperative.

Each entity is responsible for its own payments and is to be considered individually for billing and collection purposes. Each entity will provide their own purchase order and delivery location(s) and must be invoiced separately to the address indicated on their purchase order.

Insurance Requirements.

A Certificate of Insurance must be submitted prior to the issuance of a purchase order meeting the minimum limits of liabilities as outlined. Certificate of Insurance shall have language the same as that shown in example. All insurance carriers must be acceptable to the City of Rochester Hills and licensed in the State of Michigan.

The vendor shall not commence work until he has obtained and delivered to the City of Rochester Hills the certificate of insurance required under this paragraph. All insurance carriers must be acceptable to the City and licensed and admitted to do business in the State of Michigan.

The Vendor shall not allow for any lapse of insurance coverage in the amounts shown below. Failure of the Vendor to maintain the required insurance shall be grounds for contract cancellation. A new certificate of insurance shall be provided to the City of Rochester Hills each year at the time of policy renewal. New certificates shall be delivered to the City of Rochester Hills in the same format as outlined in the SAMPLE certificate attached.

1. Workers’ Compensation Insurance: The Vendor shall procure and maintain during the life of this contract, Workers’ Compensation Insurance, including employers Liability Coverage, in accordance with all applicable statutes of the State of Michigan.
2. Commercial General Liability Insurance. The Vendor shall procure and maintain during the life of the blanket purchase order, Commercial General Liability Insurance on an

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- “Occurrence Basis” with limits of liability not less than \$1,000,000 per occurrence, Personal Injury, Bodily Injury and Property Damage. Coverage shall include the following extensions: (A) Contractual Liability; (B) Products and Completed Operations Liability with limits of liability not less than \$2,000,000; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent; (E) Deletion of all Explosion, Collapse and Underground (XCU) Exclusions, if applicable.
3. Umbrella Liability Insurance: The Vendor shall procure and maintain during the life of this contract Umbrella Liability Insurance with limits of liability of not less than \$1,000,000 per occurrence.
 4. Motor Vehicle Liability. The Vendor shall procure and maintain during the life of this contract Motor Vehicle Liability Insurance, including Michigan No-Fault Coverages, with limits of liability of not less than \$1,000,000 per occurrence combined single limit Bodily Injury and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.
 5. Additional Insured. Commercial General Liability and Motor Vehicle Liability Insurance, as described above, shall include an endorsement stating the following shall be Additional Insureds: “The City of Rochester Hills, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and board members, including employees and volunteers thereof. This coverage shall be primary to the Additional Insureds, and not contributing with any other insurance or similar protection available to the Additional Insureds, whether other available coverage be primary, contributing or excess.”
 6. Cancellation Notice. Workers’ Compensation Insurance, Commercial General Liability Insurance and Motor Vehicle Liability Insurance, as described above, shall include an endorsement stating the following: “It is understood and agreed that Sixty (60) days Advance Written Notice of Cancellation, Non-Renewal, Reduction and/or Material Change shall be sent to City of Rochester Hills, 1000 Rochester Hills Drive, Rochester Hills, Michigan 48309.”
 7. If any of the above coverages expire during the term of the contract, the Vendor shall deliver renewal certificates and/or policies to the City of Rochester Hills at least ten (10) days prior to the expiration date. Refer to attached Sample Insurance Certificate.

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HOLD HARMLESS: To the fullest extent permitted by law, Vendor agrees to defend, pay in behalf of, indemnify and hold harmless the City of Rochester Hills, its elected and appointed officials, employees and volunteers and others working in behalf of the City of Rochester Hills against any and all claims, demands, suits, or loss, including all costs and attorney fees connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Rochester Hills, its elected and appointed officials, employees, volunteers or others working in behalf of the City of Rochester Hills by reason of personal injury, including bodily injury and death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with the contract.

(Contractor Signature)

Company Name (Printed)

(Dated)

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Quotation Response Form

Size “H” Cylinders	Price
Cylinder Refill	\$ _____ each
Cylinder Rental Fee	\$ _____ monthly per cylinder
Delivery Fee	\$ _____ per order
Does your company require a minimum order?	Yes _____ or No _____ If yes, explain: _____ _____
Any other charges:	Yes _____ or No _____ If yes, explain: _____ _____

The City of Rochester Hills is a member of the MITN Purchasing Cooperative. If your company is awarded item(s) referenced in the Request for Quotation, the cooperative governmental entities may wish to use this contract and will issue a purchase order for the item(s) awarded in the quotation. Each entity is responsible for its own payments and is to be considered individually for billing and collection purposes. Each entity will provide its own purchase order and delivery location(s) and must be invoiced separately to the address indicated on their purchase order.

_____ YES, If an award if made by the City of Rochester Hills, it is agreed that the contract will be extended to the MITN Purchasing Cooperative, under the same prices, terms and conditions.

_____ Our Company is NOT interested in extending the contract.

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Number of years of experience in this type of work: _____

Number of Employees: Full-Time _____ **Part-Time** _____

Explain details regarding your warranty:

Identify appropriate licensure:

Provide a minimum of three (3) references (include company name, contact person and telephone number):

Do you offer other types of services that could be of benefit to the City?

Yes____ **or** **No**____

If yes, what services and at what price?

Additional Information/Points not addressed:

Acknowledge no contract will be automatically renewed at the end of any contract term.

____(initial)

Additional costs for varying fuel charges will not be allowed. ____ (initial)

Acknowledge that prices shall remain firm for the 1-year contract term. ____ (initial)

**Can you meet the City's Insurance
requirements?**

Yes____ **or** **No**____

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**Have you provided a signed
Hold Harmless Agreement? Yes_____ or No_____**

Have you provided a completed W-9? Yes_____ or No_____

VENDOR INFORMATION

It is understood that all proposed prices shall remain in effect for at least ninety (90) days from the date of the proposal opening to allow for the award and that, if chosen the successful vendor prices will remain firm through the entire term of the contract.

The proposer affirms that he/she is duly authorized to execute this proposal, that this company, corporation, firm partnership or individual has not prepared this proposal in collusion with any other proposer and that the contents of this proposal as to prices, terms or conditions have not been communicated by the undersigned, nor by any employee or agent, to any competitor, and will not be, prior to the award and the proposer has full authority to execute any resulting contract awarded as a result of, or on basis of the proposal.

The submission of a proposal hereunder shall be considered evidence that the proposer is satisfied with respect to the conditions to be encountered and the character, quantity and quality of the work to be performed.

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE _____ **FAX** _____

AUTHORIZED REPRESENTATIVE’S NAME: _____

SIGNATURE: _____ **TITLE:** _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS : _____

DATE: _____

ACORD®

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
00-00-2000

PRODUCER

ABE INSURANCE AGENCY
123 MAIN STREET
SOMEWHERE, U.S.A.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.

COMPANIES AFFORDING COVERAGE

COMPANY

A

MAJOR INSURANCE COMPANY

COMPANY

B

COMPANY

C

COMPANY

D

INSURED

DEF CONSTRUCTION COMPANY
456 MAIN STREET
SOMEWHERE, U.S.A.

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR ☐ OWNER'S & CONTRACTOR'S PROT	123456789	00-00-2000	00-00-2000	GENERAL AGGREGATE \$ 000,000 PRODUCTS - COMP/OP AGG \$ 000,000 PERSONAL & ADV INJURY \$ 000,000 EACH OCCURRENCE \$ 000,000 FIRE DAMAGE (Any one fire) \$ 00,000 MED EXP (Any one person) \$ 0,000
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS	234567890	00-00-2000	00-00-2000	COMBINED SINGLE LIMIT \$ 000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY ☐ ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY ☒ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM	123456789	00-00-2000	00-00-2000	EACH OCCURRENCE \$ 000,000 AGGREGATE \$ \$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: ☐ INCL ☐ EXCL	345678902	00-00-2000	00-00-2000	STATUTORY LIMITS EACH ACCIDENT \$ 000,000 DISEASE - POLICY LIMIT \$ 000,000 DISEASE - EACH EMPLOYEE \$ 000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Additional Insured: General Liability & Vehicle Liability: The City of Rochester Hills, all elected and appointed officials, all employees and
volunteers, all boards, commissions and/or authorities and board members, including employees and volunteers thereof. This coverage shall be
primary to the Additional Insureds, and not contributing with any other insurance or similar protection available to the Additional Insureds, whether
other available coverage be primary, contributing or excess.

CERTIFICATE HOLDER

CITY OF ROCHESTER HILLS
1000 ROCHESTER HILLS DRIVE
ROCHESTER HILLS, MICHIGAN 48309

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~SEND BY MAIL~~
60 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,
~~AND SHALL BE RESPONSIBLE FOR SUCH NOTICE ONLY AND HAVE NO OBLIGATION OR LIABILITY~~
~~FOR ANY LOSS OR DAMAGE TO THE POLICY OR THE COMPANY OR ITS AGENTS OR REPRESENTATIVES~~

AUTHORIZED REPRESENTATIVE

(SIGNED)

W-9

**Request for Taxpayer
Identification Number and Certification**

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt
payee

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

Requester's name and address (optional)

City, state, and ZIP code

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

or

Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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).

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 on page 4.

**Sign
Here**

Signature of
U.S. person ▶

Date ▶

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If 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:

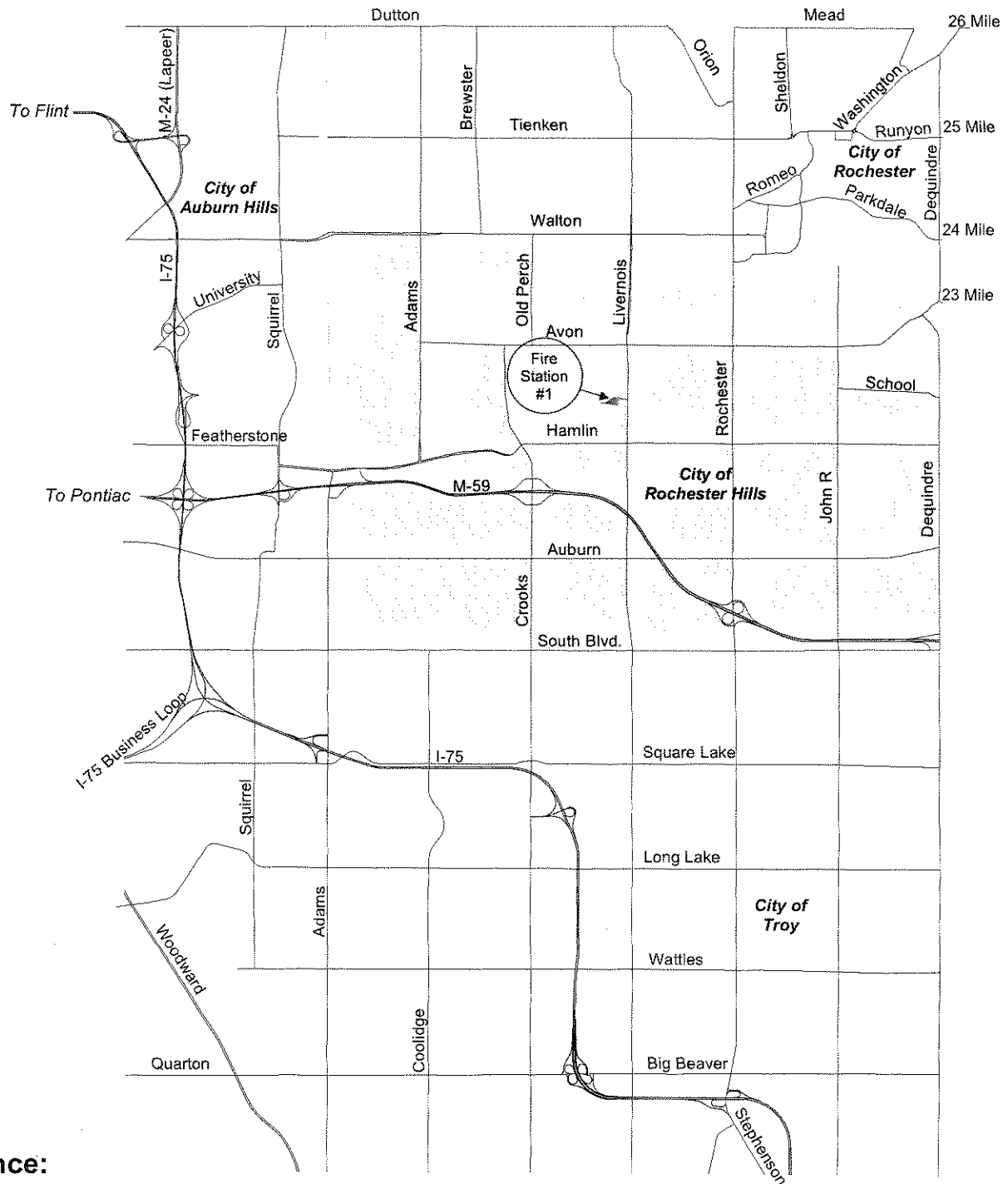
- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

City of Rochester Hills Fire Station #1

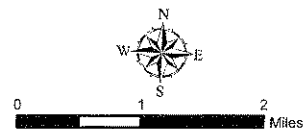


Entrance:
1111 Horizon Court

Phone:
(248) 656-4650

Fax:
(248) 656-4726

To 696
To Detroit



April 2004