

Contract for Service Form

Rock Island-Milan School District 41

VENDOR NAME: Midwest Alarm Services **EMAIL:** Louis.Redmond@mw-as.com

ADDRESS: 1910 E Kimberly Rd, Davenport, IA 52807

DATES OF SERVICE TO BE COMPLETED: July 1, 2026-June 1, 2027

SCHOOL DISTRICT CONTACT: Director of Operations, Frank Mendoza

COMPENSATION: \$ Not to exceed \$75,000

DESCRIPTION OF DUTIES:

For alarm monitoring, required testing and any additional repair services needed for all district buildings.

Is this a Subscription/Software: Yes or No

If NO, go to next section. If YES, complete below, then go to next section (no vendor signature)

Subscription/Software Name: _____ **Website:** _____

Subscription/Software Start Date: _____ **End Date:** _____

SOPPA Approved: Yes or No

Requester Name/Building: District

Budget Code: 2-5-xxx-000-2542-3237-0

Signature of Vendor: _____ **Date:** _____

Signature of Budget Administrator: _____ **Date:** _____

Superintendent or School Board President

Date