

STATE OF GEORGIA
HENRY COUNTY
CITY OF STOCKBRIDGE

RESOLUTION NO. R20-1155

**A RESOLUTION TO AUTHORIZE AWARD OF BID FOR TOWING AND
WRECKER SERVICES**

WHEREAS, the City of Stockbridge ("City") is a municipal corporation duly organized and existing under the laws of the State of Georgia and is charged with being fiscally responsible concerning the use and expenditure of all public funds; and

WHEREAS, the City proposes to authorize the award of a towing and wrecker services contract;

WHEREAS, Swanson Towing is the recommended winning bidder;

THEREFORE, THE CITY COUNCIL OF THE CITY OF STOCKBRIDGE HEREBY RESOLVES:

SECTION 1. Approval of Bidder. The award of a bid for towing and wrecker services as presented to the City Council on February 19, 2020 is hereby approved by the City Council.

SECTION 2. Public Record. This document shall be maintained as a public record by the City Clerk and shall be accessible to the public during all normal business hours of the City of Stockbridge.

SECTION 3. Authorization of Execution. The Mayor is hereby authorized to sign all documents, including the contract with such changes and modifications as recommended by the City Attorney, necessary to effectuate this Resolution.

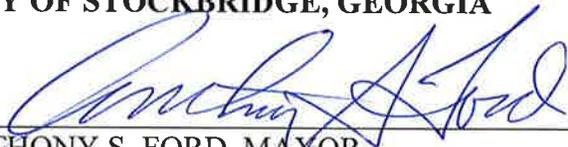
SECTION 4. Attestation. The City Clerk is authorized to execute, attest to, and seal any documents which may be necessary to effectuate this Resolution, subject to approval as to form by the City Attorney.

SECTION 5. Effective Date. This resolution shall become effective immediately upon its adoption by the Mayor and City Council of the City of Stockbridge as provided in the City Charter.

[SIGNATURES APPEAR ON FOLLOWING PAGE]

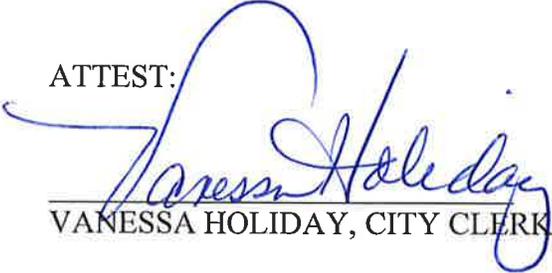
SO RESOLVED, this the 25th day of February 2020.

CITY OF STOCKBRIDGE, GEORGIA



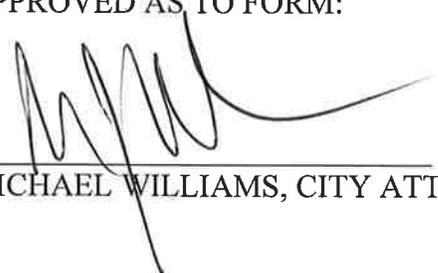
ANTHONY S. FORD, MAYOR

ATTEST:



VANESSA HOLIDAY, CITY CLERK

APPROVED AS TO FORM:



MICHAEL WILLIAMS, CITY ATTORNEY

**REQUEST FOR PROPOSAL NO. 2019-0004
TOWING AND WRECKER SERVICE**

SWANSON TOWING & RECOVERY

△ COPY

SECTION 1 - COMPANY INFORMATION

SECTION 1 - COMPANY INFORMATION

- a. **Swanson Towing & Recovery**
3329 N. Henry Blvd
Stockbridge, GA 30281

 - b. **PHONE: 770-474-7955 / 770-474-7218**
FAX: 770-474-7518

EMAIL: swansontowing@hotmail.com

Primary contact: Belinda Reece, Office Manager

 - c. Total number of employees: 9

 - d. Year company was established - Est. 1980's - Current Owner, February, 2018

 - e. Swanson Towing & Recovery has been in business approximately 40 years. We are situated on 6+ acres. Our office and storage lots are at the same address.

 - f. Supreme Trio, LLC D/B/A Swanson Towing & Recovery - Owner: Steve Chong
- We are not under the control of any other corporation or organization.

COUNTY ROADS	START	STOP	LENTGH (Miles)	LANES	TOTAL AREA (Miles)	OWNERSHIP
Valley Hill Rd	Hwy 42	East Atlanta Rd	1.8	2	3.6	Henry County
Davis Rd	Hwy 42	Burke St	1.9	2	3.8	Henry County
N. Davis Dr	Davis Rd	Valley Hill Rd	0.2	2	0.4	Henry County
East Atlanta Rd	N. Henry Blvd	Stage Coach Rd	1.7	2	3.4	Henry County
Old Conyers Rd	East Atlanta Rd	Mays Rd	0.8	2	1.6	Henry County
Rock Quarry Rd	N. Henry Blvd	E.L. Parkway	2.6	2	5.2	Henry County
Banks Rd	Rock Quarry Rd	Tye Rd	0.3	2	0.6	Henry County
E.L. Parkway	Hwy 42 South	Rock Quarry Rd	2.3	4	9.2	Henry County
Hudson Bridge Rd	Rock Quarry Rd	Flippen Rd	1	4	4	Henry County
Patrick Henry Pkwy	E.L. Parkway	County Club Dr	0.1	4	0.4	Henry County
Flippen Rd	N. Henry Blvd	Walt Stephens Rd	1.1	2	2.2	Henry County
Walt Stephens Rd	Flippen Rd	Speer Rd	1.7	2	3.4	Henry County
Speer Rd	Walt Stephens Rd	Hwy 138	1.2	2	2.4	Henry County

TOTAL MILES=

16.7

40.2

CONTRACTOR ACKNOWLEDGES HAVING READ, UNDERSTANDING, AND AGREEING TO COMPLY WITH THIS INDEMNIFICATION AND HOLD HARMLESS AGREEMENT, AND THE REPRESENTATIVE OF THE CONTRACTOR IDENTIFIED BELOW IS AUTHORIZED TO SIGN CONTRACTS ON BEHALF OF THE RESPONDING CONTRACTOR.

COMPANY: Swanson towing & Recovery SIGNATURE: Delinda Reice

NAME: Delinda Reice TITLE: Office Manager DATE: _____

**EXHIBIT III
REQUIRED CERTIFICATIONS/ATTACHMENTS
REQUEST FOR PROPOSAL NO. 2019-0004
Wrecker Services
Checklist**

To be deemed responsive to this solicitation, Proposers must provide the information requested and, where applicable, complete in detail all Bid Forms. The appropriate individual(s) authorized to commit the Proposer to the Project must sign the Bid Forms. As appropriate, Proposers shall reproduce each Bid Form and complete the appropriate portions of the forms provided in this section.

Proposer Requirements	Proposer Completed
1. One (1) hard copy of Proposal marked 'Original', and five (5) copies on CD/Thumb Drive	<input checked="" type="checkbox"/>
2. Technical Proposal	<input checked="" type="checkbox"/>
3. Acknowledgement of each Addendum	<input checked="" type="checkbox"/>
4. Financial and Litigation Requirements	<input checked="" type="checkbox"/>
5. Reference Verification Form	<input checked="" type="checkbox"/>
6. Required Certifications and Attachments	<input type="checkbox"/>
<input checked="" type="checkbox"/> Form 1: Non-Collusion Bidding Certificate	
<input checked="" type="checkbox"/> Form 2: Non-Collusion Affidavit of Sub-Contractor;	
<input checked="" type="checkbox"/> Form 3: Certificate Regarding Debarment, Suspension, and Other Responsibility Matters; Primary Covered Transactions;	
<input checked="" type="checkbox"/> Form 4: Ineligibility Certificate;	
<input checked="" type="checkbox"/> Form 5: Certification of a Drug-Free Workplace;	
<input checked="" type="checkbox"/> Form 6: Conflict of Interest & Prohibition Against Contingent Fees Certification;	
<input checked="" type="checkbox"/> Form 7: Affidavit Verifying Status for City Public Benefit Application	
<input checked="" type="checkbox"/> Form 8: Certification Regarding Lobbying;	
<input checked="" type="checkbox"/> Form 9: Bid Submittal Letter;	
<input checked="" type="checkbox"/> Form 10: Georgia Security and Immigration Contractor Affidavit/Agreement;	
<input checked="" type="checkbox"/> Form 11: Georgia Security and Immigration Sub-Contractor Affidavit;	
<input checked="" type="checkbox"/> Form 12: Certificate of Acceptance of a Solicitation Requirements	

**SECTION 2 - ORGANIZATIONAL
QUALIFICATIONS/PERSONNEL**

SECTION 2 - ORGANIZATIONAL QUALIFICATIONS/PERSONNEL

- a. Swanson Towing has many years of experience. Our capabilities range from heavy duty towing and recovery down to light duty towing and recovery.
Other Qualifications - WreckMaster Training.
- b. Steve Chong has been owner/operator since February, 2018 - 18 months
- c. No
- d. We have towed for FBI, GBI, GSP, HCPD, MPD.
- e. N/A
- f. Over 100 years of combined experience and competitive and reasonable pricing
- g. Thomas Bartlett, Driver Manager - has 24 years experience in towing and recovery and manages 5 experienced drivers.

Belinda Reece, Office Manager - has 25+ years executive administrative experience.
Belinda manages 2 office employees and will handle any questions or concerns you may have.

Thomas Bartlett - 24 years of towing and recovery experience
Terry Keasler - 24 years of towing and recovery experience
Mike Marks - 13 years of towing and recovery experience
Will Saccone - 5 years of towing and recovery experience
Jerry Cobb - 20+ years of towing and recovery experience
Austin Williams - 2 years of towing and recovery experience

SECTION 3 - TECHNICAL APPROACH

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- a.** Situational - will describe as needed.
- b.** Receive call from COS - Dispatch call for driver - execute call for driver - finalize call for driver.
- c.** 3329 N. Henry Blvd, Stockbridge, GA 30281 - corporate office location and all vehicles stored on premises.

SECTION 4 - PROJECT MANAGEMENT

SECTION 4 - PROJECT MANAGEMENT

- a. Situational - will describe as needed.
- b. We use Tow Track which was designed and implemented just for Swanson Towing & Recovery. All requests for service will be handled differently depending on whether the call is regarding a car, trailer, tool, etc.
- b. Resources necessary to accomplish the Statement of Work will be all of our tow trucks.

**SECTION 5 - PROPOSER FINANCIAL
INFORMATION**

SECTION 5 - PROPOSER FINANCIAL INFORMATION

- a.** Swanson does not feel it is a necessity to share financials to conduct the service here of..
- b.** See a. above - this is true for a-d

SECTION 6 - LITIGATION

SECTION 6 - LITIGATION

No cases have been brought against Swanson Towing & Recovery. This is not a joint venture.

**SECTION 7 - BUSINESS LICENSES AND
INSURANCE**

SECTION 7 - BUSINESS LICENSES, AND INSURANCE

Current business license # 43950 - ATTACHED

There are no regulatory or license agency sanctions.

SECTION 8 - REFERENCES

SECTION 8 - REFERENCES

Reference Verification Forms - (3) ATTACHED

MPD, ELITE AND CARMAX REFERENCE



Henry County Tax Commissioner

140 Henry Parkway McDonough, GA 30253
(770) 288-8180 option 5 - Fax (770) 288-8190
Website: www.henrytc.org
Email: edahlke@co.henry.ga.us

2019 OCCUPATIONAL TAX CERTIFICATE

Business Name: **SWANSON'S TOWING & RECOVERY** Account: **43950**
Business Type: **Towing And Recovery**
Business Location: **3329 NORTH HENRY BLVD /HWY 42 N, STOCKBRIDGE, GA 30281**

SWANSON'S TOWING & RECOVERY
3329 NORTH HENRY BLVD
STOCKBRIDGE, GA 30281

Steve Chong

Unincorporated Henry County, Georgia for the period of **01/01/2019** to **12/31/2019**

David Curry
Henry County Tax Commissioner

This certificate is *not transferable* and must be posted in a conspicuous place.

FORM 5

CERTIFICATION OF DRUG-FREE WORKPLACE

This Form Must Be Signed and Return with Bid or Bid will be deemed Non-responsive.

I hereby certify that I am a principal and duly authorized agent of M/A, and it is also whose address is _____, certifies that:

1. The provisions of Section 50-24-1 through 50-24-6 of the Official Code of Georgia Annotated, relating to the "Drug-Free Workplace Act" have been complied in full; and
2. A drug-free workplace will be provided for the consultant's employees during the performance of the Contract; and
3. Each Sub-Contractor hired by the consultant shall be required to ensure that the Sub-Contractor's employees are provided a drug-free workplace. The Consultant shall secure from that Sub-Contractor the following written certification: "As part of the Sub-Contracting agreement with the Consultant, certifies to the Consultant that a drug-free workplace will be provided for the Sub-Contractor's employees during the performance of this Contract pursuant to paragraph (7) of subsection (b) of the Official Code of Georgia Annotated Section 50-24-3"; and
4. It is certified that the undersigned will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of the Contract.

Bekida Reed
Signature of Authorized Agent

Office Manager
Name/Title of Authorized Agent

7.3.19
Date

FORM 4

INELIGIBILITY CERTIFICATE

This Form Must Be Signed and Return with Bid or Bid will be deemed Non-responsive.

I hereby certify that I am a principal and duly authorized agent of

Shannon LeWing & Peabody and it is also whose address is

3339 N. Henry Blvd. Stockbridge, Ga. 30281, certifies that the

Contractor, nor any of its Sub-Contractors to be used in performing this Contract, are listed on the list of Ineligible Contractors maintained by the Comptroller General of the United States.

Delinda Rice
Signature of Authorized Agent

Delinda Rice, Office Manager
Name/Title of Authorized Agent

7.2.19
Date

FORM 3

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS; PRIMARY COVERED TRANSACTIONS

This Form Must Be Signed and Return with Bid or Bid will be deemed Non-responsive.

The Proposer B. Linda Reese, certifies to the best of its knowledge and that it and its principals: B. Linda Reese belief,

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal, State, or local department or agency;
2. Have not within a three-year period preceding this Bid been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or Contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a three-year period preceding this application/Bid had one or more public transactions (Federal, State, or local) terminated for cause or default.

Where the Contractor is unable to certify to any of the statements in this certification, such participant shall attach an explanation to this Bid.

The Contractor, Danbury Logging & Reconst., certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with this Certification and understands that the provisions of 31 U.S.C. Sections 3801 Et Seq., are applicable thereto.

B. Linda Reese
Signature of Authorized Agent

B. Linda Reese, Proc. Manager
Name/Title of Authorized Agent

7/2/19
Date

[Signature]
Witness

FORM 2

NON-COLLUSION AFFIDAVIT OF SUB-CONTRACTOR

State of Georgia City of Stockbridge, being first duly sworn, deposes and says that:

(1) He/She is Belinda Reece (owner, partner officer, representative, or agent) of Thompson Towing & Recovery the sub-contractor that has submitted the attached solicitation;

(2) He is fully informed respecting the preparation and contents of the attached solicitation and of all pertinent circumstances respecting such solicitation;

(3) Such solicitation is genuine and is not a collusive or sham solicitation;

(4) Neither the said sub-contractor nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affidavit, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Vendor, firm or person to submit a collusive or sham solicitation in connection with the Contract for which the attached solicitation has been submitted or refrain from proposing in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Vendor, firm or person to fix the price or prices in the attached solicitation or of any other Vendor, or to fix any overhead, profit or cost element of the proposing price or the proposing price of any other Vendor, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against City of Stockbridge or any person interested in the proposed Contract; and

(5) The price or prices quoted in the attached solicitation are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the sub-contractor or any of its agents, representatives, owners, employees, or parties in interest, including this affidavit.

Belinda Reece
(Signed)

Office Manager
(Title)

Subscribed and Sworn to before me this 2nd day of July, 2019.

Name [Signature]

Title Officer

My commission expires (Date) May 8, 2022



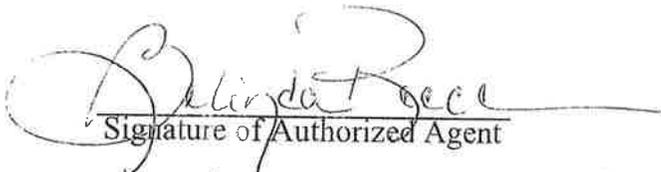
FORM 1

NON-COLLUSION BIDDING CERTIFICATE

This Form Must Be Signed and Return with Bid or Bid will be deemed Non-responsive.

By submission of this certificate, each Proposer and each person signing on behalf of any Proposer certifies under penalty of perjury, that to the best of its knowledge and belief:

1. The cost or prices to be negotiated shall have been arrived at independently without collusion, consultation, communication or agreement, for any purpose of restricting competition as to any matter relating to such costs or prices with any other Proposer or with any competitor.
2. Unless otherwise required by law, the cost or prices to be negotiated have not been knowingly disclosed by the firm prior to the opening of price negotiations, directly or indirectly to any other Proposer or to any competitor; and,
3. No attempt has been made or will be made by the Proposer to induce any person, partnership or corporation to submit or not submit a Statement of Qualifications for the purpose of restricting competition.


Signature of Authorized Agent


Name/Title of Authorized Agent

7.2.19
Date

FORMS



Where Community connects

City of Stockbridge Procurement Division

City of Stockbridge City Hall
1610 North Henry Boulevard
Stockbridge, Ga 30281

EXHIBIT II
REFERENCE VERIFICATION FORM

SOLICITATION NUMBER: RFP NO. 2019-0004
SOLICITATION TITLE: Wrecker and Towing Services
PROPOSING FIRM (List name exactly as provided in proposal):

7-1-2019

Date of Verification:

CARMAX, INC

Reference Organization:

impound of abandoned vehicles

Project Verified (include the Project Name / Title and a brief description of the Project):

Rob Crilwell / Setley Han

Person Contacted:

PARISH LGM

Title of Contact:

[Redacted contact information]

[Redacted contact information]

Questions Yes No

1. Were you satisfied with the Company/Organization's overall performance? *yes*
2. Did the firm adhere to the response time requirement? *Absolutely - yes*
3. Were payments by this company submitted to you on time? *yes*
4. Would you engage this firm again? *Absolutely - yes*

Additional comments provided by Proposer's contact:

~~_____~~

we have never had any issues dealing with Swanson Towing they are a pleasure to deal with & deliver on their service

[Signature] - 7-1-19

Signature Date

Stockbridge

Where Community Counts

City of Stockbridge Procurement Division

To: 1000
7-957-8921

From: Befinda FAX: 7-474-7518

City of Stockbridge City Hall
1640 North Henry Boulevard
Stockbridge, Ga 30281

**EXHIBIT II
REFERENCE VERIFICATION FORM**

SOLICITATION NUMBER: RFP NO. 2019-0004

SOLICITATION TITLE: Wrecker and Towing Services

PROPOSING FIRM (List name exactly as provided in proposal):

6-24-2019

Date of Verification:

Elite Collision

Reference Organization:

Responsible for repairs of cars towed in by Swansons

Project Verified (Include the Project Name / Title and a brief description of the Project):

Russell Hall

Person Contacted:

Glenn / manager

Title of Contact:

770-957-8920

Telephone number including extension:

Russell.Dell@stockbridgega.gov

Email Address:

Questions Yes No

- 1. Were you satisfied with the Company/Organization's overall performance? yes
- 2. Did the firm adhere to the response time requirement? yes
- 3. Were payments by this company submitted to you on time? yes
- 4. Would you engage this firm again? yes

Additional comments provided by Proposer's contact:

[Signature]

6-24-19

Signature Date

EXHIBIT II
REFERENCE VERIFICATION FORM

SOLICITATION NUMBER: RFP NO. 2019-0004
SOLICITATION TITLE: Wrecker and Towing Services
PROPOSING FIRM (List name exactly as provided in proposal):

Date of Verification: 6/24/19

Reference Organization: McDONOUGH POLICE DEPT.

Project Verified (Include the Project Name / Title and a brief description of the Project): MAJOR

Person Contacted: KENNETH NOBLE

Title of Contact: MAJOR / UNIFORM PATROL DIVISION

Telephone Number including extension: (678) 782-6313

Email Address: NOBLE@MCDONOUGHGA.ORG

Questions Yes No

- 1. Were you satisfied with the Company/Organization's overall performance? YES
- 2. Did the firm adhere to the response time requirement? YES
- 3. Were payments by this company submitted to you on time? YES
- 4. Would you engage this firm again? YES

Additional comments provided by Proposer's contact:

SUNSON TOWING SERVICE IS A PROMPT AND FAST ORGANIZATION. WHEN THEY ARE CALLED UPONED, YOU BECOME THEIR NUMBER ONE PRIORITY.

 6/24/19

Signature Date

CONTRACT REQUIREMENTS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/24/2019

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 Piedmont Insurance Associates P O Box 1558 Covington, GA 30015 Phillip Walker Boswell	770-788-9000	CONTACT NAME: Sharon Watkins PHONE (A/C, No, Ext): 770-788-9000 FAX (A/C, No): 770-787-1779 E-MAIL ADDRESS: swatkins@piedmontins.com
	INSURER(S) AFFORDING COVERAGE	
INSURED Supreme Trio LLC dba Swanson Towing 3329 N. Henry Blvd Stockbridge, GA 30281	INSURER A : American Interstate Ins Co Inc	NAIC # 31895
	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	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	AVWCGA2768722019	02/01/2019	02/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 100,000
							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)

CERTIFICATE HOLDER

CANCELLATION

CITYOST

City of Stockbridge
City Hall
4640 North Henry Blvd.
Stockbridge, GA 30281

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

INSURANCE AND RISK MANAGEMENT PROVISIONS

- **WORKER'S COMPENSATION - ATTACHED**
- **COMMERCIAL GENERAL LIABILITY INSURANCE - ATTACHED**

**INSURANCE AND RISK MANAGEMENT
PROVISIONS**

Form No. 2126-0006 Expiration Date 8/31/2018

Public Burden Statement
 Federal agencies may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to collection of information by this collection of information, unless it displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington, D.C. 20503.

Medical Examiner's Certificate
 (for Commercial Driver's License)

I certify that I have examined Lang N. Jma. Keasler
 the Federal Motor Carrier Safety Regulations (49 CFR 391.45) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
 I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses
 Wearing hearing aid
 Accompanied by a waiver/exemption
 Accompanied by a Skill Performance Evaluation (SPE) Certificate

Medical Examiner's Signature
 Sonia BROWN, MD
 Medical Examiner's State License, Certificate, or Registration Number
 57439 GA

Medical Examiner's Name (please print or type)
 Sonia BROWN, MD
 Medical Examiner's Telephone Number
 (404) 996-0128

Medical Examiner's Certificate Expiration Date
 06/27/2020

Driver's Signature
 [Signature]

Driver's Address
 Street Address: 561 Krollwood Dr
 City: Stockbridge
 State/Province: GA
 Zip Code: 30281

Date Certificate Signed
 06/27/2018

Issuing State
 Georgia

Medical Examiner's Certificate Expiration Date
 06/27/2020

Advanced Practice Nurse
 Physician Assistant
 Chiropractor
 Other Practitioner (specify)

National Registry Number
 6122232088

Issuing State/Province
 Georgia

Driver's License Number
 049845380

CLP/CDL Applicant/Holder
 Yes No

Zip Code
 30281

Medical Examiner's Information
 In accordance with (please check only one):
 Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
 Qualified by operation of 49 CFR 391.64 (Federal)
 Grandfathered from State requirements (State)

Medical Examiner's Information
 I certify that the information provided regarding this physical examination is true and complete. A copy of this Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Information
 Signature: [Signature]
 Title: [Title]

Public Burden Statement
 Federal agencies may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to collection of information by this collection of information, unless it displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington, D.C. 20503.

Medical Examiner's Information
 In accordance with (please check only one):
 Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
 Qualified by operation of 49 CFR 391.64 (Federal)
 Grandfathered from State requirements (State)

Medical Examiner's Information
 I certify that the information provided regarding this physical examination is true and complete. A copy of this Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Information
 Signature: [Signature]
 Title: [Title]

Medical Examiner's Information
 In accordance with (please check only one):
 Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
 Qualified by operation of 49 CFR 391.64 (Federal)
 Grandfathered from State requirements (State)

GOVERNOR Nathan Deal 12/6/66

COMMISSIONER *George P. [unclear]*



COMMERCIAL DRIVER LICENSE

DL # 28825388
CLASSIFICATION
TRUCK
KEY

56
STOCKBRIDGE GA 30284-2017
HENRY

Restrictions *None* End NONE

Iss *02/16/2017*
Sex M Eyes BLU
Hgt 5'-08" Wgt 133 lb

DD 299240118790047591

ATTACHMENT 3
RFP 2019-0004 TOWING AND WRECKER SERVICES
GEORGIA PROFESSIONAL LICENSE CERTIFICATION

NOTE: Please complete this form for the work your firm will perform on this project.

Contractor's Name: Terry KEASLER

Performing work as: Prime Contractor Sub-Contractor EMPLOYEE OF Swanson Towing

Professional License Type: Class A

Professional License Number: 48743380

Expiration Date of License: 2.17.25

I certify that the above information is true and correct, and that the classification noted is applicable to the Bid for this Project.

Signed: Belinda Reese

Date: 7.2.19

(ATTACH COPY OF LICENSE)

FORM 12

CERTIFICATE OF ACCEPTANCE OF A SOLICITATION REQUIREMENTS

This is to certify that on this day, offeror acknowledges that he/she has read this solicitation document, pages # 1 to # 70 inclusive, including any addenda #1-9 pages to # addenda #2-2 pages ~~addenda~~ # _____ to # _____, attachment(s) # _____ to # _____, and/or appendices # _____ to # _____, in its entirety, and agrees that no pages or parts of the document have been omitted, that he/she understands, accepts and agrees to fully comply with the requirements therein, and that the undersigned is authorized by the offeror to submit the proposal herein and to legally obligate the offeror thereto.

This is also to certify that the offeror has reviewed the form Stockbridge City contract included in the solicitation documents and agrees to be bound by its terms, or that the offeror certifies that it is submitting any proposed modification to the contract terms with its proposal. The offeror further certifies that the failure to submit proposed modifications with the proposal waives the offeror's right to submit proposed modifications later. The offeror also acknowledges that the indemnification and insurance provisions of Stockbridge City's contract included in the solicitation documents are non-negotiable and that proposed modifications to said terms may be reason to declare the offeror's proposal as non-responsive.

Company: Swanson Towing & Recovery
Signature: [Handwritten Signature]
Name: Deinda REECE
Title: Date: 7.2.19

(Affix Corporate Seal)

STATE OF GEORGIA
CITY OF STOCKBRIDGE

FORM 11

GEORGIA SECURITY AND IMMIGRATION SUB-CONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned Sub-Contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services³ under a contract with [insert name of prime contractor] behalf of The City of Stockbridge Government has registered with and is participating in a federal work authorization program*,⁴ in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

EEV/Basic Pilot Program* User Identification Number

BY: Authorized Officer of Agent
(Insert Sub-Contractor Name)

N/A

Title of Authorized Officer or Agent of Sub-Contractor

Printed Name of Authorized Officer or Agent

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public: _____

City: _____

Commission Expires: _____

30.C.G.A. § 13-10-90(4), as amended by Senate Bill 160, provides that "physical performance of services" means any performance of labor or services for a public employer (e.g., Stockbridge City) using a bidding process (e.g., ITB, RFP, RFP, etc.) or contract wherein the labor or services exceed \$2,499.99, except for those individuals licensed pursuant to title 26 or Title 43 or by the State Bar of Georgia and is in good standing when such contract is for service to be rendered by such individual.

4*[Any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603].

STATE OF GEORGIA

CITY OF STOCKBRIDGE

FORM 10: GEORGIA SECURITY AND IMMIGRATION CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with [insert name of prime contractor] on behalf of The City of Stockbridge Government has registered with and is participating in a federal work authorization program*,2 in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any Sub-Contractor(s) in connection with the physical performance of services to this contract with The City of Stockbridge Government, contractor will secure from such Sub-Contractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Sub-Contractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to The City of Stockbridge Government at the time the Sub-Contractor(s) is retained to perform such service.

EEV/Basic Pilot Program* User Identification Number

N/A

BY: Authorized Officer of Agent
(Insert Contractor Name)

Title of Authorized Officer or Agent of Contractor

Printed Name of Authorized Officer or Agent

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public: _____

City: _____

Commission Expires: _____

1O.C.G.A. § 13-10-90(4), as amended by Senate Bill 160, provides that "physical performance of services" means any performance of labor or services for a public employer (e.g., Stockbridge City) using a bidding process (e.g., ITB, RFP, RFP, etc.) or contract wherein the labor or services exceed \$2,499.99, except for those individuals licensed pursuant to title 26 or Title 43 or by the State Bar of Georgia and is in good standing when such contract is for service to be rendered by such individual.

2*[Any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603].

FORM 9

BID SUBMITTAL LETTER

This Form Must Be Signed and Return with Bid or Bid will be Deemed Non-responsive.

The undersigned, Bekinda Deece, hereby submits its Bid to furnish all labor, materials, equipment, delivered by the undersigned, to the City of Stockbridge, Georgia.

The undersigned acknowledges and agrees that the Bid submitted by the undersigned shall be binding upon the undersigned and that if City of Stockbridge, Georgia, awards the Contract to the undersigned, the Bid made by the undersigned and delivered to City of Stockbridge, Georgia herewith, together with such award, will constitute a legal, valid and binding Contract between the undersigned and City of Stockbridge, Georgia. The Contract created pursuant to the previous sentence shall incorporate the terms and conditions of the bid including, but not limited to, the bid Scope of Work, Solicitation instructions and Conditions, the Contract Provisions and the Contractor's Cost Bid, all as described in the bid.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this Bid Submittal Letter this 2nd day of July, 2018

Bekinda Deece
By

Office Thompson
Title

Sworn to and subscribed before me the 2nd day of July, 2018
Notary Public



Mary Ann
My Commission Expires:

7/2/19
Date

**FORM 8
CERTIFICATION REGARDING LOBBYING**

This Form Must Be Signed and Return with Bid or Bid will be Deemed Non-responsive.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of a Local, State or Federal agency, in connection with the awarding of any contract, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any contract, grant, loan, or cooperative agreement.
2. The undersigned shall require that the language of this certification be included in the award documentations for sub-awards at all tiers (including Sub-Contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000, and not more than \$100,000 for each such failure. [Note: Pursuant to 31 U.S.C. 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000, and not more than \$100,000 for each such expenditure or failure.]

The Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. 3801, *et seq.*, apply to this certification and disclosure, if any.

Signature of Contractor's Authorized Agent: Delinda Bree

Name and Title of Contractor Authorized Agent: Delinda Bree, Office Manager

Date: 7.3.19

Telephone No: 770-474-7955

Firm or Company Name: Swanson Towing & Recovery

Address: 3329 N. Henry Blvd, Stockbridge, Ga. 30281

FORM 7

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for the City of Stockbridge, Georgia Business License or Occupational Tax Certificate, Alcohol License, execution of contract or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Stockbridge license/permit and/or contract for:

Brenda Reece
Name of Applicant

1) I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. Code Section 16-10-20.

Signature of Applicant: Brenda Reece

Date: _____

Printed Name: Brenda Reece

*Alien Registration number for non-citizens:

****PLEASE INCLUDE A COPY OF YOUR PERMANENT RESIDENT CARD, EMPLOYMENT AUTHORIZATION, GREEN CARD, OR PASSPORT WITH A COPY OF YOUR DRIVER'S LICENSE IF YOU ARE A LEGAL PERMANENT RESIDENT.**

Subscribed and Sworn Before Me on this the 2nd Day of July, 2018.

Notary Public: Lori Gail Thompson

My Commission Expires May 8, 2022



*Note: O.C.G.A. Section 50-36-1 (c) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

FORM 6

CITY OF STOCKBRIDGE CONFLICT OF INTEREST AND PROHIBITION AGAINST CONTINGENT FEES CERTIFICATION

This Form Must Be Signed and Return with Bid or Bid will be Deemed Non-responsive.

I hereby certify that I am a principal and duly authorized agent of Sanjay Krishna Recovery, and, it is also, whose address is 3329 N. Henry Blvd. Stockbridge, Ga 30281 certifies that to the best of its knowledge there are no circumstances which shall cause a Conflict of Interest in performing services for City of Stockbridge.

Binda Ree
Signature of Authorized Agent

Binda Ree, Office Manager
Name/Title of Authorized Agent

7.2.19
Date

- 14. In addition to any other terms, conditions, etc., spelled out in this invitation, the contractor will comply with any federal, state or local laws or ordinances applicable to this operation. Attention is specifically directed to O.C.G.A. title 40, chapters 3, 4 and 11. The contractor shall obtain and pay for all permits, licenses, certificates, inspection, and other legal fees required, both permanent and temporary.

Comply: yes X no _____

In addition to the requirement of law, the wrecker company will provide the Code Enforcement Officer, in writing, at least one week before each sale, a list of all vehicles to be sold to include the following:

- Make:
- Year:
- Model of Vehicle:
- Tag Number:
- Vehicle Identification Number:

Comply: yes X no _____

only pertains to
City of Stockbridge
Code Enforcement.

15. Electronic Repository

- A. The system should be designed with the internet as the primary means of electronic communications between responsible entities across the full towing lifecycle. Internet browser must be the only software needed for any end user to access the system via the internet or intranet. This is a web-based solution and should be hosted by the selected vendor.

Comply: yes _____ no X

- B. The service must be available 24/7, with the exception of scheduled downtime for backup or similar database maintenance. Vendor will be responsible for data retention and backup.

DRIVER NAME	DRIVER ADDRESS	DOB	D/L NUMBER
THOMAS BARTLETT	3329 N. HENRY BLVD, STK, GA 30281	10-21-69	GA 029441519
MICHAEL MARKS	3329 N. HENRY BLVD, STK, GA 30281	05-07-73	GA 053740706
WILLIAM SACCONI	3329 N. HENRY BLVD, STK, GA 30281	10-11-75	GA 054736166
TERRY KEASLER	3329 N. HENRY BLVD, STK, GA 30281	02-17-66	GA 048845380
AUSTIN WILLIAMS	3329 N. HENRY BLVD, STK, GA 30281	01-13-96	GA 057403615
JERRY COBB	3329 N. HENRY BLVD, STK, GA 30281	08-13-58	GA 058344378
LORI THOMPSON	3329 N. HENRY BLVD, STK, GA 30281	09/16/77	GA 042458560
KRISTY BROOKS	3329 N. HENRY BLVD, STK, GA 30281	12/27/77	GA 049019752
BELINDA REECE	3329 N. HENRY BLVD, STK, GA 30281	09/07/59	GA 007060664

D. The contractor shall submit to the Code Enforcement Officer the following information:

Name:

Address:

Date of Birth:

} ATTACHED

Driver's License Number of all persons employed in the towing or storage operation.

Notice in writing to the police chief must be made of any material change in the above information.

Comply: yes X no ATTACHED

E. Records:

Contractor shall use pre-printed and pre-numbered tickets for the service under this contract.

In addition to any other information required by law, the following shall be indicated on ticket:

- (a) Time call came from police department.
- (b) Arrival time of wrecker at place of accident (or where directed).
- (c) Departure time from scene in (B).
- (d) Arrival time at storage place.
- (e) Mileage from point of pickup to storage point or destination.

Examination of Records: The contractor agrees that the City of Stockbridge Code Enforcement, or his duly authorized representative, shall have access to and the right to examine any books, documents, papers, and records of the contractor involving transactions related to this contract. Such records will be maintained for one year after the end of this contract.

Comply: yes X no

Light Wrecker #1

Year: 2019
Make: FORD
Model: Rollback
VIN: 1FDNXLDCKDF02028

Light Wrecker #2

Year: 2019
Make: FORD
Model: Rollback
VIN: 1FDWXLDCKDF01733

Heavy Wrecker

Year: 1993
Make: PETERBILT
Model: 379
VIN: 1XPFD69X3PN334004

Extra Heavy Wrecker

Year: 2000
Make: FORD
Model: ROTATER
VIN: 1M3ADL62C3YW010674

B. Each wrecker will be required to carry a full complement of service items such as: fire Extinguishers, DOT approved, chains, ropes, blocks, skid chain, dollies, stop lights, flares, trash container, flashers, flood, FCC approved two-way radio cable for communicating with wrecker services, Emergency amber beacons with proper permits, white working lights adjusted to the rear of the wrecker lights, canned water for flushing gas off street, hand tools, lock-out tools, shovels, axes, wrecking bars, brooms, major first aid kit, snatched block per cable rated for winch and truck, other tools needed for lifting and extricating, relighting of wrecked vehicle/equipment and removal from thoroughfare by towing or carting.

Comply: yes no

C. Removal of debris (as required by Georgia law): O.C.G.A. 40-6-276.

Vendor: provide address of office facility in the space provided

3329 N. Henry Blvd., Stockbridge, Ga. 30281

- a. The contractor shall have an area for storage of towed vehicles or equipment within the area of service contracted for or other approved location. Such storage area must be secured against free entry and in such a way as to give security to the property entrusted to his/her care. If the storage site is an open area, it must be enclosed with chain-link fencing of sufficient height with barbed wire topping to discourage theft, damage or malicious mischief and shall be adequately lighted. The determination of proper lighting will be by the City of Stockbridge Code Enforcement, whose decision shall be binding. Such storage area must have security with reasonable human attendance. Such open area must be paved or have sufficient packed gravel surface to prevent problems in entry or exit during inclement weather.

Vendor: provide address of storage facility in the space provided

3329 N. Henry Blvd. Stockbridge, Ga. 30281

13. **Wrecker and Towing equipment:**

These are the minimum requirement for one area:

A. Each area contractor shall have, in operating condition at all times, a minimum of:

- Two (2) light wreckers (8,500 lb. minimum G.V.W. with a 5,000 lb. power winch, may be crane & boom or flatbed style)

Comply: yes X no _____

- One (1) heavy wrecker (10,000 lbs. minimum G.V.W. with 10,000 power winches, crane & boom)

Comply: yes X no _____

- One (1) extra heavy wrecker (30,000 lb. minimum G.V.W. with 30,000 lb. power winch, crane and boom) and shall have a portable crane in his/her wrecker fleet.

Comply: yes X no _____

Vendor will provide the: Year, Make, Model and Vehicle Identification Number (VIN) of wreckers in the space provided:

OFFICE & STORAGE FACILITIES

PRICING

UNDER 10,000 LBS

Anything under 10,000 lbs WITHIN CITY LIMITS = flat rate \$115

Anything under 10,000 lbs OUTSIDE CITY LIMITS = \$95 hook and \$3.00 mile

OVER 10,000 LBS

Anything over 10,000 lbs WITHIN CITY LIMITS = flat rate \$275

Anything over 10,000 lbs OUTSIDE CITY LIMITS = \$175 hook and \$4.00 mile

PRICING

OUR TRUCK VIN # LIST

DRIVER	TRUCK #	MAKE	MODEL	YEAR	VIN #
TK	#77	FORD-MACK	ROTATER	2000	1M2AD62C3YW010674
TK	#1		PETERBILT	1993	1XPFD69X3PN334004
TK	#17	FORD	M.DUTY	2017	1FDXX7DX3HDB02810
WS / JC	#8	FORD	ROLLBACK	2006	3FRNX65F56V344895
MM / AW	#15	FORD	ROLLBACK	2015	3FRNX6FC2FV670755
TK	#19	FORD	ROLLBACK	2019	1FDWX6DC9KDF01733
TB	#20	FORD	ROLLBACK	2019	1FDNX6DCXKDF02028

CONTRACT REQUIREMENTS

SWANSON TOWING & RECOVERY EMPLOYEE INFORMATION

DRIVER NAME	DRIVER ADDRESS	DOB	D/L NUMBER	LAST 4 SS #
THOMAS BARTLETT	3329 N. HENRY BLVD, STK, GA 30281	10-21-69	GA 029441519	2801
MICHAEL MARKS	3329 N. HENRY BLVD, STK, GA 30281	05-07-73	GA 053740706	1210
WILLIAM SACCONI	3329 N. HENRY BLVD, STK, GA 30281	10-11-75	GA 054736166	3048
TERRY KEASLER	3329 N. HENRY BLVD, STK, GA 30281	02-17-66	GA 048845380	5405
AUSTIN WILLIAMS	3329 N. HENRY BLVD, STK, GA 30281	01-13-96	GA 057403615	0594
JERRY COBB	3329 N. HENRY BLVD, STK, GA 30281	08-13-58	GA 058344378	7817
LORI THOMPSON	3329 N. HENRY BLVD, STK, GA 30281	09/16/77	GA 042458560	6317
KRISTY BROOKS	3329 N. HENRY BLVD, STK, GA 30281	12/27/77	GA 049019752	8756
BELINDA REECE	3329 N. HENRY BLVD, STK, GA 30281	09/07/59	GA 007060664	8243

DRIVER VIN #'S - ATTACHED

CITY ROADS	START	STOP	LENTGH (Miles)	LANES	TOTAL AR (Miles)
Bryant St	East Atlanta Rd	North Lee St	0.3	2	0.6
Burke St	N. Henry Blvd	Davis Rd	0.3	2	0.6
Center Street	N. Henry Blvd	West Burke St	0.16	2	0.32
Country Club Dr	Patrick Henry Pkwy	E.L. Parkway	0.7	4	2.8
Davidson Pkwy	N. Henry Blvd	Walter Way	0.4	2	0.8
Love St	East Atlanta Rd	Burke St	0.1	2	0.2
Mann Blvd	N. Henry Blvd	Oakland Blvd	0.2	2	0.4
MLK Sr. Heritage Trl	Love St	Rock Quarry Rd	1	2	2
Neal Avenue	N. Henry Blvd	Oakland Blvd	0.2	2	0.4
Nolan St	MLK Sr. Heritage Trl	Tye St	0.1	2	0.2
North Lee St	N. Henry Blvd	Bryant St	0.2	2	0.4
Oakland Blvd	Mann Blvd	Neal Avenue	0.2	2	0.4

CITY ROADS	START	STOP	LENTGH (Miles)	LANES	TOTAL AREA (Miles)
Old Atlanta Rd	Flippen Rd	Davidson Pkwy	0.9	2	1.8
Shepherd Dr	N. Henry Blvd	Old Atlanta Rd	0.1	2	0.2
Shields Rd	Davis Rd	N. Henry Blvd	0.9	2	1.8
South Lee St	N. Henry Blvd	Rock Quarry Rd	0.4	2	0.8
Tye Street	N. Henry Blvd	Red Oak Rd	1.1	2	2.2
Walter Way	Hwy 138	Davidson Pkwy	0.3	2	0.6
West Burke St	Burke St	Center St	0.2	2	0.4
Woodhaven Dr	N. Henry Blvd	Old Atlanta Rd	0.1	2	0.2

TOTAL MILES=

7.86

17.12

Swanson Towing & Recovery

Name of Company / Firm / Organization

Brenda Reece

Printed Name of Authorized Rep. Title

owner/pr.

Brenda Reece

Signature of Authorized Representative / Date

ADDENDUM NO. 1

Solicitation No.: Request For Proposal (RFP) No. 2019-0004

Solicitation Title: Towing and Wrecker Services

ATTENTION ALL POTENTIAL BIDDERS:

MUST ADDENDUM. READ CAREFULLY AND FOLLOW ALL INSTRUCTIONS.
This addendum forms a part of the contract documents, modifies the original bidding documents and shall be as binding as if contained therein.

Return Addendum with Bid Submittal. Failure to do so may subject the Bidder to disqualification.

Return Completed Revised Bid Pricing Sheets with Bid Submittal.

TO ALL PROSPECTIVE BIDDERS, PLEASE NOTE THE FOLLOWING CHANGES AND CLARIFICATIONS:

Words in ~~striketrough~~ type are deletions from existing text. Words in **bold, underlined** type are additions to existing text.

1. The RFP Due Date has not changed. The RFP Due Date is 12:00 noon on **Tuesday, July 9, 2019.**

ADDITIONS / CLARIFICATIONS / CORRECTIONS

- I. Please note that section, Exhibit I – Detailed Scope of Services, Minimum Requirements, (b) has been revised.
 - a. All Prospective Providers ~~must~~ **should** attend the **Non**-Mandatory Pre-Bid Conference prior to submitting a bid and being considered for Contract award.

II. Please note that attached is a copy of the roads located in the City of Stockbridge, GA.

The City of Stockbridge's website is the official location for the posting of all solicitation addenda and contract award results. It is the obligation of each Prospective Provider to frequently monitor the City's website in order to obtain complete and timely information. The City's website is located at <https://www.cityofstockbridge.com/default.aspx>

All other terms, conditions, and specifications of the solicitation remain unchanged.

ATTACHMENT 1

ADDENDUM ACKNOWLEDGMENT FORM

NOTE: IF ADDENDUMS HAVE BEEN ISSUED, RESPONDENTS SHALL COMPLETE AND RETURN THIS ATTACHMENT WITH THEIR PROPOSAL. FAILURE TO DO SO MAY RESULT IN DISQUALIFICATION OF THE PROPOSAL.

ADDENDA ACKNOWLEDGMENT: The undersigned acknowledges the receipt of the following Addenda:

Addendum #: 1 - LOCATED - Roads Dated: _____

Addendum #: 2 - Scope of Services Dated: _____

ATTACHED

Addendum #: _____ Dated: _____

Addendum #: _____ Dated: _____

Addendum #: _____ Dated: _____

Respondent (Company): Swanson Towing & Recovery

Signature (in ink): Belinda Reece

Name (Typed/printed): Belinda Reece

Title: Office Manager Date: 7.2.19

ADDENDUM ACKNOWLEDGEMENT

REVENUE & ADMINISTRATIVE FEES

We do not share fees of any kind. Revenue or Administrative. You are more than welcome to come by for further discussion.

REVENUE & ADMINISTRATIVE FEES

COMMUNICATIONS FACILITIES

Dedicated line for City's Code Enforcement office: **770-506-9070**

COMMUNICATIONS FACILITIES

Comply: yes _____ no X

C. Internet access to the database must be available to City of Stockbridge Code Enforcement personnel, vehicle storage lot operators, and citizens based on user assigned security rights and operational needs that will be determined by Code Enforcement. The system should detect common errors (e.g. VIN validation) in data submission, allow for change tracking of corrected towing information and facilitate releases to the vehicle owner by storage lot personnel.

Comply: yes _____ no X

D. The system must provide real-time electronic notification to Code Enforcement of a towed vehicle's entry and release by a storage lot operator. The tow records shall contain all of the information required by CODE ENFORCEMENT to provide oversight across the entire towing and recovery process. The system should allow CODE ENFORCEMENT to <set/release> vehicle holds and <restrict/enable> vehicle releases accordingly.

Comply: yes _____ no X

E. The service must enable a citizen to inquire on the location of a vehicle by VIN (vehicle identification number) or license plate number, at a minimum on a public website. The service must provide data-sharing with other Atlanta, Georgia and national towing repository to facilitate vehicle recovery.

Comply: yes _____ no X

Swanson's Towing & Recovery uses a Custom Towing Software that is not capable of locking fields to avoid data loss or manipulation. However we are available during normal business hours for any City of Stockbridge personnel or Customer that info pertains to may come by our office or call for any available information.

The City of Stockbridge's website and the State of Georgia Registry is the official location for the posting of all solicitation addenda and contract award results. It is the obligation of each Prospective Provider to frequently monitor the City's website in order to obtain complete and timely information. The City's website is located at <https://www.cityofstockbridge.com/default.aspx>

All other terms, conditions, and specifications of the solicitation remain unchanged.

Swanson Towing & Recovery
Name of Company / Firm / Organization

Blinda Pece
Printed Name of Authorized Rep. / Title

Blinda Pece
Signature of Authorized Representative / Date

ADDENDUM NO. 2

Solicitation No.: Request For Proposal (RFP) No. 2019-0004

Solicitation Title: Towing and Wrecker Services

ATTENTION ALL POTENTIAL BIDDERS:

- MUST ADDENDUM. READ CAREFULLY AND FOLLOW ALL INSTRUCTIONS.** This addendum forms a part of the contract documents, modifies the original bidding documents and shall be as binding as if contained therein.
- Return Addendum with Bid Submittal. Failure to do so may subject the Bidder to disqualification.
- Return Completed Revised Bid Pricing Sheets with Bid Submittal.

TO ALL PROSPECTIVE BIDDERS, PLEASE NOTE THE FOLLOWING CHANGES AND CLARIFICATIONS:

Words in ~~strikethrough~~ type are deletions from existing text. Words in **bold, underlined** type are additions to existing text.

1. The RFP Due Date has not changed. The RFP Due Date is 12:00 noon on Tuesday, July 9, 2019.

ADDITIONS / CLARIFICATIONS / CORRECTIONS

1. Please note that the following requirements and section, Exhibit I – Detailed Scope of Services, Minimum Requirements, have been revised.
 - a. The selected individual, firm or corporation ~~shall~~ should have an impound yard within ~~ten~~ (15) miles **minimum** of the City, as defined in Exhibit I herein.
 - b. Contractor ~~must~~ **should** maintain a separate fenced off, paved impound area within fifteen (15) miles of the City limits of Stockbridge and for vehicles towed at the request of the City Manager or his authorized designee.
 - c. Maintains a physical location presence of stored vehicles within a 15-mile **minimum** radius of the City of Stockbridge.

ROADS LOCATED IN THE CITY OF STOCKBRIDGE	START	STOP	LENTGH (Miles)	LANES	TOTAL AREA (Miles)	OWNERSHIP
N. Henry Blvd	Hwy 42 South	Valley Hill Rd	4.4	4	17.6	State Route
Hwy 138	N. Henry Blvd	Speer Road	1.6	4	6.4	State Route
Valley Hill Rd	Hwy 42	East Atlanta Rd	1.8	2	3.6	Henry County
Davis Rd	Hwy 42	Burke St	1.9	2	3.8	Henry County
N. Davis Dr	Davis Rd	Valley Hill Rd	0.2	2	0.4	Henry County
East Atlanta Rd	N. Henry Blvd	Stage Coach Rd	1.7	2	3.4	Henry County
Old Conyers Rd	East Atlanta Rd	Mays Rd	0.8	2	1.6	Henry County
Rock Quarry Rd	N. Henry Blvd	E.L. Parkway	2.6	2	5.2	Henry County
Banks Rd	Rock Quarry Rd	Tye Rd	0.3	2	0.6	Henry County
E.L. Parkway	Hwy 42 South	Rock Quarry Rd	2.3	4	9.2	Henry County
Hudson Bridge Rd	Rock Quarry Rd	Flippen Rd	1	4	4	Henry County
Patrick Henry Pkwy	E.L. Parkway	County Club Dr	0.1	4	0.4	Henry County
Flippen Rd	N. Henry Blvd	Walt Stephens Rd	1.1	2	2.2	Henry County
Walt Stephens Rd	Flippen Rd	Speer Rd	1.7	2	3.4	Henry County
Speer Rd	Walt Stephens Rd	Hwy 138	1.2	2	2.4	Henry County
Shields Rd	Davis Rd	N. Henry Blvd	0.9	2	1.8	City of Stockbridge
Center Street	N. Henry Blvd	West Burke St	0.16	2	0.32	City of Stockbridge
West Burke St	Burke St	Center St	0.2	2	0.4	City of Stockbridge
Burke St	N. Henry Blvd	Davis Rd	0.3	2	0.6	City of Stockbridge
Love St	East Atlanta Rd	Burke St	0.1	2	0.2	City of Stockbridge
MLK Sr. Heritage Trl	Love St	Rock Quarry Rd	1	2	2	City of Stockbridge

ROADS LOCATED IN THE CITY OF STOCKBRIDGE	START	STOP	LENTGH (Miles)	LANES	TOTAL AREA (Miles)	OWNERSHIP
Tye Street	N. Henry Blvd	Red Oak Rd	1.1	2	2.2	City of Stockbridge
Nolan St	MLK Sr. Heritage Trl	Tye St	0.1	2	0.2	City of Stockbridge
Country Club Dr	Patrick Henry Pkwy	E.L. Parkway	0.7	4	2.8	City of Stockbridge
Old Atlanta Rd	Flippen Rd	Davidson Pkwy	0.9	2	1.8	City of Stockbridge
Davidson Pkwy	N. Henry Blvd	Walter Way	0.4	2	0.8	City of Stockbridge
Walter Way	Hwy 138	Davidson Pkwy	0.3	2	0.6	City of Stockbridge
Woodhaven Dr	N. Henry Blvd	Old Atlanta Rd	0.1	2	0.2	City of Stockbridge
Shepherd Dr	N. Henry Blvd	Old Atlanta Rd	0.1	2	0.2	City of Stockbridge
South Lee St	N. Henry Blvd	Rock Quarry Rd	0.4	2	0.8	City of Stockbridge
North Lee St	N. Henry Blvd	Bryant St	0.2	2	0.4	City of Stockbridge
Bryant St	East Atlanta Rd	North Lee St	0.3	2	0.6	City of Stockbridge
Mann Blvd	N. Henry Blvd	Oakland Blvd	0.2	2	0.4	City of Stockbridge
Oakland Blvd	Mann Blvd	Neal Avenue	0.2	2	0.4	City of Stockbridge
Neal Avenue	N. Henry Blvd	Oakland Blvd	0.2	2	0.4	City of Stockbridge

TOTAL MILES=

30.56

81.32

STATE ROUTES	START	STOP	LENTGH (Miles)	LANES	TOTAL AREA (Miles)	OWNERSHIP
N. Henry Blvd	Hwy 42 South	Valley Hill Rd	4.4	4	17.6	State Route
Hwy 138	N. Henry Blvd	Speer Road	1.6	4	6.4	State Route

TOTAL MILES=

6

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