



PINAL COUNTY
wide open opportunity

Offer and Acceptance

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

OFFER AND ACCEPTANCE FORM

TO PINAL COUNTY:

The undersigned hereby offers and agrees to furnish the material, service, or construction in compliance with all terms, conditions, specifications, and amendments in the Solicitation.

<u>Tim White</u>	<u>OWNER</u>
Authorized Signature	Title
<u>Tim White</u>	<u>10-29-2015</u>
Printed Name	Date
<u>Whites Towing</u>	<u>520-568-4404</u>
Company Name	Telephone
<u>MAILING - P.O. Box 164</u>	<u>Maricopa, AZ 85239</u>
<u>Physical</u>	<u>Maricopa, AZ 85239</u>
<u>18917 N John Wayne Pkwy</u>	<u>Maricopa, AZ 85239</u>
Address	City, State, Zip

For clarification of this offer, contact:

Name: Tim White Phone: 520-705-6633 Fax: 520-568-4146

Email: towing@CGmailbox

ACCEPTANCE OF OFFER (For Pinal County Use Only)

The offer is hereby accepted and the Responder is now bound to sell or provide the materials, services, or construction as indicated by the Purchase Order or Notice of Award and based upon the solicitation, including all terms, conditions, specifications, amendments, etc. and the Offer as accepted by Pinal County.

The contract is for:

This contract shall henceforth be referenced to as Contract No. 150720. The Offeror is cautioned not to commence any billable work or to provide any material or service under this contract until Offeror receives an executed purchase order or notice to proceed.

Awarded this 2nd day of March 2016.

<u>Todd Hoose</u>	<u>Chairman</u>	<u>[Signature]</u>
Name (Print)	Title	Signature

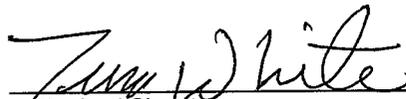
Approved as to form: [Signature]
Pinal County Attorney's Office

OFFER AND ACCEPTANCE FORM – Page 2

By signing the previous page of the Offer and Acceptance Form, Responder certifies:

- A. The submission of the bid did not involve collusion or other anti-competitive practices.
- B. The Responder shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246.
- C. The Responder has not given, offered to give, nor intends to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the Submittal.
- D. The Responder certifies that it complies with Executive Order 12549 related to Federal Government Debarment and Suspension (see 4-7)
- E. The Responder certifies that the individual signing the bid is an authorized agent for the Responder and has the authority to bind them to the contract.

White's Towing
Firm


Authorized Signature

ORIGINAL.

RFP-150720
PCSO TOWING SERVICE

Tim White (White's Towing)
P.O. BOX 164 MARICOPA, AZ 85239
18917 N. John Wayne PKWY MARICOPA AZ 85239
(520)-568-4404 business #
(520)-705-6633 cell

TABLE OF CONTENTS

Table of Contents	Pg 2
Title page	Pg 3
Offer & Acceptance	Pg 4
Addendum Acknowledgement	Pg 6
W-9 Form	Pg 7
Responders Checklist	Pg 8
Response Form 1 Questions	Pg 10
Response Form 2 Tow Designation & Equipment List	Pg 13
Response Form 3 Storage Facility list	Pg 14
Response Form 4 Personnel list	Pg 15
Response Form 5 Insurance Requirements	Pg 16

List of Attachments

attachment A: References

attachment B: zoning

Attachment C: WORKERS COMP. WAIVER

Drivers Health Card

RFP 150720

PCSO Towing Service



PINAL COUNTY
wide open opportunity

Responder's Checklist

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

RESPONDERS CHECKLIST

	Yes/No
Did you sign your Offer sheet? <i>See Page 39 & 40 of this solicitation.</i>	Y
Did you acknowledge all addendums, if any? <i>See page 36. Any addendums would be posted on the Pinal County website on the Bids/Proposals page of the Finance/Purchasing Department.</i>	Y
Did you complete all required Response Forms? <i>Any Response forms would be posted on the Pinal County website on the Bids/Proposals page of the Finance/Purchasing Department.</i>	Y
Did you include your W-9 Form? <i>See page 37 of this solicitation.</i>	Y
Did you include any necessary attachments?	Y
Is the outside of your sealed submittal marked with the Solicitation #, Due Date and Time? <i>See page 1 for this information.</i>	Y
Did you include one original and the required number of copies? <i>See page 1 for the quantity.</i>	Y
Did you follow the order for submissions of documents? <i>See Section 3.4 – Offer format in the Special Instructions of this solicitation.</i>	Y
Did you include proof of insurance(s) if requested?	Y

RFP 150720

Section 2



P I N A L • C O U N T Y
wide open opportunity

**RFP-150720
PCSO Towing Services
Response Form 1 -
Questions**

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

Responder Name: Timothy White for Whites Towing

Responders shall complete the following Response Form, indicating their responses in the spaces provided. Additional pages may be added so long as they are clearly referenced in the spaces provided.

Please note: Any exception and the total number of exceptions taken will negatively affect your evaluation score. Compliance to Terms and Conditions has been identified as an evaluation criterion for this solicitation.

Any exception not contained within this section of the solicitation will be deemed invalid and will not be considered.

Acceptability of Responses

Offers that do not include fully completed copies of Response Forms 1, 2, 3, 4, 5 and 6 may cause the entire offer to be deemed unacceptable and therefore non-responsive. Forms with incomplete or unacceptable responses will also be considered non-responsive.

1 Capacity of Responder

- 1.1 Responder shall describe their company history including company full legal name, primary business location, years in business, ownership structure, and website, if applicable..

Whites Towing 18917 N .John Wayne Parkway Maricopa AZ 85239. We have been in business for 30 plus years. We have been in this same location since the early 1990's . Timothy White is the owner. We have towed for many police agencies over the years ... Ak-Chin, DPS, Gila River, City of Maricopa pd and PCSO plus several road side agencies.

- 1.2 Responder shall list current contracts with other entities.

We currently have contracts with only PCSO and AAA and Geico.

- 1.3 Responder shall list equipment, storage lot(s) and personnel commitments they have with other entities (i.e. police departments, local governments, etc.).

We will be utilizing 3 of our trucks for this contract, 2 flatbeds/ roll backs 2006 Chevrolet, 1999 Ford F 550 also 1 wheel lift 1999 Ford F550. Our storage lot is located at 53035 W. Jersey Dr. Maricopa, AZ 85239.

- 1.4 Responder shall provide a minimum of three (3) references who can comment on their work. References from public entities are preferred. Responder must include phone, fax, email and physical address of each reference.

See Attachments A

Gilbert Gogel Oreilly (602) 740-1803 Auto Parts 21518 N. John Wayne pkwy Maricopa AZ

William Wade (520)868-6080 Arizonas Best Choice Insurance 44870 W. Hathaway Ave Ste #2 Maricopa AZ

Ruben Hatch Hatch Insurance Agency inc (602) 995-5692 EXT 205 1637 W. Knudsen Dr Phoenix, AZ 85027

- 1.5 Responder shall complete Response Form 2 – Tow Designation & Equipment List to specify which districts they are submitting a proposal for and provide a listing of equipment to be used within that district.

- 1.6 Responder shall complete Response Form 3 – Storage Facility List to provide listing of storage facilities to be used under this contract.

- 1.7 Responder shall complete Response Form 4 – Personnel List to provide listing of personnel to be employed under this contract.

- 1.8 Responder shall complete Response Form 5 – Insurance Requirement to provide confirmation of required insurance coverage under this contract.

2 Method of Approach



PINAL • COUNTY
wide open opportunity

**RFP-150720
PCSO Towing Services
Response Form 1 -
Questions**

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

- 2.1 Responder shall list and describe the dispatching equipment.
We have a landline with 2 lines plus call waiting. All drivers have a cell phone. At all times we have at least 1 dispatcher, and 1 driver on call.
- 2.2 Responder shall describe their vehicle record keeping process and procedures.
Vehicle information is entered into our computer program. We basically enter all the info from the police report into our program. The driver brings the report to office manager who enters the info.
- 2.3 Responder shall describe their proposed method for maintaining service coverage and service response time requirements.
We have 3 trucks available and 2 drivers. There is always at least one driver on call, most times there are at least 2.
- 2.4 Responder shall describe their familiarity with the internet and Google Documents (Google Docs).
We use the internet on a daily basis, Google Docs we have not used.

3 Conformance to Terms and Conditions and Scope of Services

Response Form Responses

_____ Timothy White _____ have read, understand, and shall comply with all Terms and Conditions. Responders that accept the County's Terms and Conditions shall check **YES** to clearly indicate their acceptance. Responders who take exception to the County's Terms and Conditions shall check **NO** and clearly indicate their exception(s) and provide Responder's suggested language.

YES, I acknowledge that I have read and understand all Terms and Conditions and will comply in any resultant contract.

_____ **NO**, I acknowledge that I have read, understand all Terms and Conditions and will comply in any resultant contract with the exceptions listed below.

Exceptions (If checked NO)

Responders that take exception to any Terms and Conditions shall justify their exception as well as proposing any changes to the County's language with the Responder's suggested changes clearly indicated. Additional pages may be added so long as they are clearly referenced in the spaces provided. **Please note that taking exception to any Terms and Conditions may affect your evaluation score.** Both the number of exceptions and the severity of the exceptions can affect your score and may have you deemed non-responsive for this solicitation.

Cite the specific Term and Condition for which an exception is taken: **Responder Response**

Responder's justification for the exception: **Responder Response**

Responder's suggested changes: **Responder Response**

_____ Timothy White _____ have read, understand, and shall comply with the Scope of Services. Responders that accept the Scope of Services shall check **YES** to clearly indicate their acceptance. Responders who take exception to any item in the Scope of Services shall likewise check **NO** and clearly indicate their exception and provide Responder's suggested language.

YES, I acknowledge that I have read and understand the Scope of Services and will comply in any resultant contract.

_____ **NO**, I acknowledge that I have read, understand the Scope of Services and will comply in any resultant contract with the exceptions listed below.



PINAL • COUNTY
wide open opportunity

RFP-150720
PCSO Towing Services
Response Form 1 -
Questions

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

Cite the specific item in the Scope of Service for which an exception is taken: *Responder Response*

Responder's justification for the exception: *Responder Response*

Responder's suggested changes: *Responder Response*

End of Response Form 1 for RFP-150720 PCSO Towing Services

P I N A L • C O U N T Y
wide open opportunity

RFP-150720
PCSO Towing Services
Response Form 2 -
Tow Designation & Equipment List

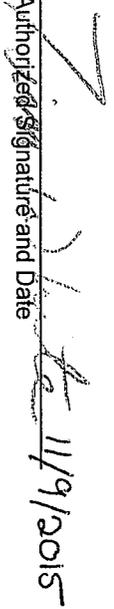
Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

TOW DESIGNATION & EQUIPMENT LIST

Towing and storage services for public vehicles will be awarded by geographic areas (tow districts) and on a rotational basis per the County defined tow boundaries for PCSO requested services. The responder must have and maintain a properly zoned storage facility within each tow district that they are submitting a proposal for. In addition, the responder shall have a separate tow vehicle for each district they are submitting a proposal for. The same tow vehicle shall not be used for two districts, however a medium duty truck may be used for medium duty and light duty within the same district and a heavy duty truck may be used for heavy duty, medium, and light duty within the same district.

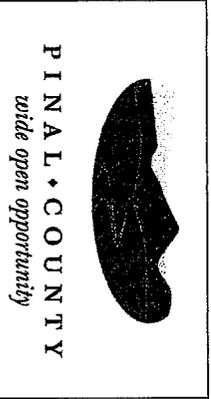
The responder shall provide a detailed list and description of the tow vehicles your company will utilize under this contract. Use additional pages as necessary.

Tow District Vehicle will be utilized for (only 1 district per vehicle)	Make	Yr	VIN #	LIC #	MFG. GWV	TYPE Light (L) Medium (M) Heavy Duty (H)	Winch Capacity	Vehicle Inspection Date & Owner
#4	Chevrolet	2006	1GBE5C1266F410952	CD72962	019500	L	8000lb	9/22/2014 Tim White
#4	Ford	1999	1FDAF56F8XED67801	CH60966	014100	L	8000lb	9/22/2014 Tim White
#4	Ford	1999	1FDAF56F8XED96269	CJ39108	015000	L	8000lb	9/22/2014 Tim White

White's Towing Firm/Individual
 11/9/2015
 Authorized Signature and Date

END OF TOW EQUIPMENT LIST

23



RFP-150720
PCSO Towing Services
Response Form 3 –
Storage Facility List

Pinal County
 Finance Department
 31 N. Pinal St.
 Bldg. A
 P.O. Box 1348
 Florence, AZ 85132

STORAGE FACILITY LIST

The Responder must have and maintain a properly zoned storage facility within each tow district that they are submitting a proposal for. The responder shall provide a detailed list and description of their vehicle storage facilities that will be utilized under this contract. Use additional pages as necessary.

Tow District Storage Lot is located in	Location (address and nearest cross streets)	Capacity (# of vehicles)	Lot Size (in feet width x length)	Zoning Code	Storage Lot Owner	Security (lighting, fencing, etc)
Maricopa, AZ 85239	53035 W. Jersey Dr Maricopa, AZ AZ 238/ WarrenRD	100 plus	1 acre	See Attach ment B	John Cook	Fencing, lights, dogs

END OF STORAGE FACILITY LIST



PINAL COUNTY
wide open opportunity

**RFP-150720
PCSO Towing Services
Response Form 4 –
Personnel List**

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

PERSONNEL LIST

All tow truck personnel shall adhere to qualifications listed in the Statement of Work.

The responder shall provide the following information for all personnel who will be performing work under this contract. Use additional pages as necessary.

NAME	DATE OF BIRTH	DRIVERS LICENSE # AND CLASS	START DATE WITH COMPANY	YEARS EMPLOYED BY CONTRACTOR	EXPERIENCE IN INDUSTRY (YRS)
Steven Johnson	08-27-1967	B12856022	5/2013	2 ½ yrs	2 ½ yrs
Arthur Sidney jr	01-29-1953	D05865015	5/2015	.1 yr	5yrs
Timothy White	07-20-1958	D01829837 AZ	Owner	owner	35 yrs
Mitchell Baker	8-4-1954	B13135016 AZ	1995	20 yrs	20 yrs

END OF PERSONNEL LIST



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/30/2015

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 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).

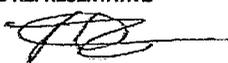
PRODUCER Hatch Insurance Agency, Inc. 1637 W. Knudsen Drive, Ste 201 Phoenix, AZ 85027 Ruben Hatch	CONTACT NAME: April M. Tuzon PHONE (A/C, No, Ext): 602-995-5692 E-MAIL ADDRESS: april@hatchinsurance.com	FAX (A/C, No): 602-995-5693
	INSURER(S) AFFORDING COVERAGE	
INSURED Whites Towing Tim White dba: Tim White dba: P.O. Box 164 Maricopa, AZ 85239	INSURER A: Westfield Insurance Company NAIC # 24112	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER: 1**

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.

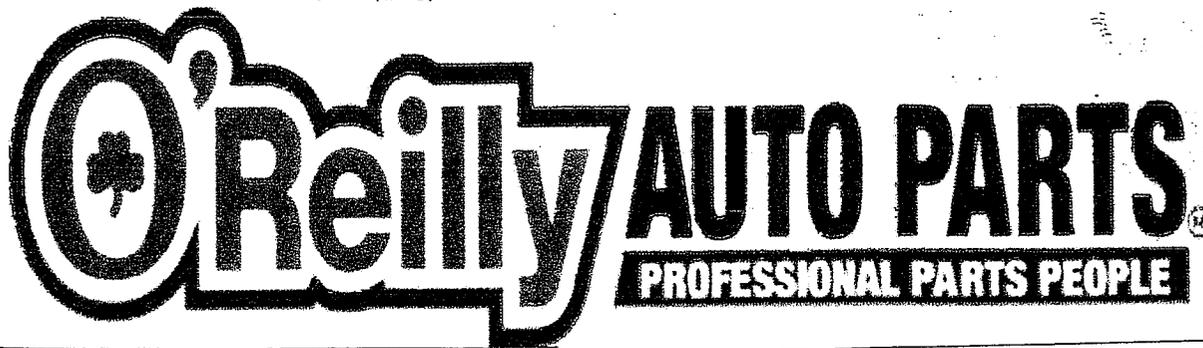
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			CSP1216785	03/31/2015	03/31/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	X				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							\$
A	AUTOMOBILE LIABILITY			CSP1216785	03/31/2015	03/31/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		N/A			E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
A	On Hook			CSP1216785	03/31/2015	03/31/2016	On Hook 100,000
A	Garage Keepers			CSP1216785	03/31/2015	03/31/2016	GKDP 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Pinal County Sheriff Dept as Additional Insured with respects to General Liability. Coverage is Primary and Non Contributory. Waiver of Subrogation applies. Comp/Coll Ded: \$1,000; On Hook Ded: \$1,000; GKDP Ded: \$1,000
Units: 2006 #0952, 1999 Ford #8269, 1999 Ford #7801 Loc: 18917 N John Wayne Parkway Maricopa, AZ 85139

CERTIFICATE HOLDER PINALC2 Pinal County Sheriff's Dept. Fax: 520-866-5195 971 Jason Lopez Cir. Florence, AZ 85232	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

ATTACHMENT A

References.



To whom it may concern,

White's Towing and our company have been doing business together since 1988. The partnership has been GREAT throughout the years and continues. Tim White is a person you can trust and rely on to provide excellent service.

Thank You.

Gilbert Gogel
Territory Sales Manager
O'Reilly Auto Parts
602-740-1803

ARIZONAS BEST CHOICE INSURANCE

10/27/2015

To whom it may concern:

I have known Mr. Tim White for ten plus years. We have known Mr. Tim White to be honest in business dealings. Mr. White is an outstanding member of the community.

Sincerely,



William Wade

Phone 520 868 6080

Fax 520 868 6090

P O BOX 109, 44870 W HATHAWAY AVE #2
MARICOPA, AZ 85139
PHONE (520) 868-6080 FAX (520)868-6090

From: Ruben Hatch [ruben@hatchinsurance.com]
Sent: 10/28/2015 3:55:55 PM
To: towing@cgmailbox.com [towing@cgmailbox.com]
Subject: Whites Towing
Attachments: [image001.png](#) (5.14 Kb)

To Whom It May Concern,

Tim White has been a client of mine for the past 7 years. He has been a reputable towing company. Has been in good standing with Hatch Insurance Agency and Westfield Insurance since we started writing his insurance. I find him to be and honest and fair with the public needs. He is willing to go the extra mile to help a person in need. I hope you would award him the contract. I believe he will be an asset to the public needs.

Thanks,



Ruben Hatch | Hatch Insurance Agency, Inc

1637 W Knudsen Dr.

Ste 201

Phoenix, Az 85027

602-995-5692 Ext 205

602-995-5693 Fax

Hatchinsurance.com

CONFIDENTIALITY: This e-mail and any attachments are confidential and also may be privileged. If you are not the named recipient, or have otherwise received this communication in error, please delete it from your inbox, notify the sender immediately, and do not disclose its contents to any other person, use them for any purpose, or store or copy them in any medium. Thank you for your cooperation

MARICOPA RV & EQUIPMENT STORAGE
1124 S. KINGSTON ST.
CHANDLER, AZ. 85286
PHONE: 520-568-2909

TO WHOM IT MAY CONCERN,

11/03/2015

LETTER OF RECOMMENDATION.

WE....MARICOPA RV AND EQUIPMENT STORAGE ..LOCATED ON JERSY ROAD IN MARICOPA, ARIZONA, HAVE BEEN DOING BUSINESS WITH TIM WHITE AND WHITES TOWING SINCE FEBRUARY 2006. WE HAVE FOUND HIM TO BE TOTALLY TRUSTWORTHY AND HONORABLE. WE HAVE HAD ACCASSIONS TO WORK CLOSELY WITH EACH OTHER AND WE HAVE NEVER FELT HE WAS EVER LESS THEN ONE HUNDRES PERCENT PROSESSIONAL. THAT ALSO INCLUDES HIS STAFF AND EMPLOYEES,

I HOPE WE HAVE MANY MORE YEARS OF WORKING RELATIONSHIP WITH TIM WHITE/WHITES TOWING.

MARICOPA RV AND EQUIPMENT STORAGE
STORAGE
JOHN AND LOIS COOK....OWNER
DON AND SHARON BENNETT...OWNER

EMAIL ADDRESS....LCOOKAZ@COX.NET

WOULD BE HAPPY TO RESPOND TO ANY CONCERNS.



ATTACHMENT B

Storage lot zoning.

ATTACHMENT B

2

W/C PCBOS



OFFICIAL RECORDS OF
PINAL COUNTY RECORDER
LAURA DEAN-LYTTLE

DATE: 06/25/99 TIME: 0808
FEE : 0.00
PAGES: 2
FEE NO: 1999-028923

CASE NO. IUP-002-99
INDUSTRIAL USE PERMIT
RESOLUTION

WHEREAS, THE PINAL COUNTY PLANNING AND ZONING COMMISSION HAS RECOMMENDED TO THE BOARD OF SUPERVISORS OF PINAL COUNTY, ARIZONA, THAT AN INDUSTRIAL USE PERMIT (BE) (NOT BE) GRANTED TO JOHN COOK FOR THE PURPOSE DESCRIBED BELOW; ON THAT PROPERTY DESCRIBED BELOW; AND,

WHEREAS, AFTER A PUBLIC HEARING AS PROVIDED BY LAW, THE BOARD OF SUPERVISORS OF PINAL COUNTY, ARIZONA, IS OF THE OPINION THAT THE ADOPTION OF SUCH RECOMMENDATION FOR AN INDUSTRIAL USE PERMIT FOR THE PURPOSE DESCRIBED BELOW (WOULD BE) (WOULD NOT BE) IN THE BEST INTEREST AND WELFARE OF PINAL COUNTY.

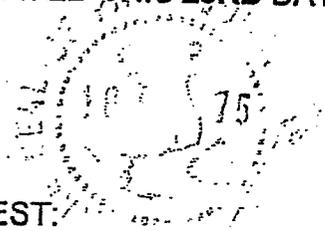
NOW, THEREFORE, IT IS HEREBY RESOLVED BY THE BOARD OF SUPERVISORS OF PINAL COUNTY, ARIZONA, THAT THE INDUSTRIAL USE PERMIT (IS) (IS NOT) GRANTED TO JOHN COOK WITH THE ATTACHED STIPULATIONS.

PROPERTY DESCRIPTION: A 6.0± acre parcel situated in a portion of the SW¼ SE¼ NE¼ Section 15, T4S, R2E, G&SRB&M

TAX PARCEL #: 501-05-017 & 018

PURPOSE: For personal storage of motorhomes, boats, cars, trailers, motorcycles, etc., with the applicant/landowner renting/leasing storage spaces on a 6.0± acre parcel in the CI-2 Zone.

DATED THIS 23RD DAY OF JUNE, 1999.



ATTEST:

Sheri Cluff, Deputy Clerk
Clerk

PINAL COUNTY BOARD OF SUPERVISORS

Merilee Smith
Chairman
David D. King
Jimmie B. Kerr

**Pinal County Planning Department
Concept Review Notes**

3:15

Case No:CR-001-11

Project Name: WHITES TOWING

Tax Parcels: 510050170

Applicant: Tim White, , AZ

Requested Action & Purpose: Towing Storage Yard

Location: N of Union Pacific Railroad W of Warren Rd on W Jersey Dr.

Comprehensive Plan: EMPLOYMENT Flood Zone(s): X

Formerly Used Defense Site: No Annexation By:

Requested Zone(s):

Proposed Use: Industrial Use Permit for Towing storage yard

Staff Coordinator: ABRAHAM

Nature of the applicant's presentation: Conceptual Specific

Is a Comprehensive Plan amendment needed? Yes No

Potential Ordinance issues:
Need Imp w (CR-2 Zoning) RW storage yards on site.

Potential Policy issues:
with closed fence, metal fence, corrugated.

History of approvals in the area:
Department meet with app for alternative tank yards

Application Forms given? Yes No

Additional information needed before staff can release application forms:

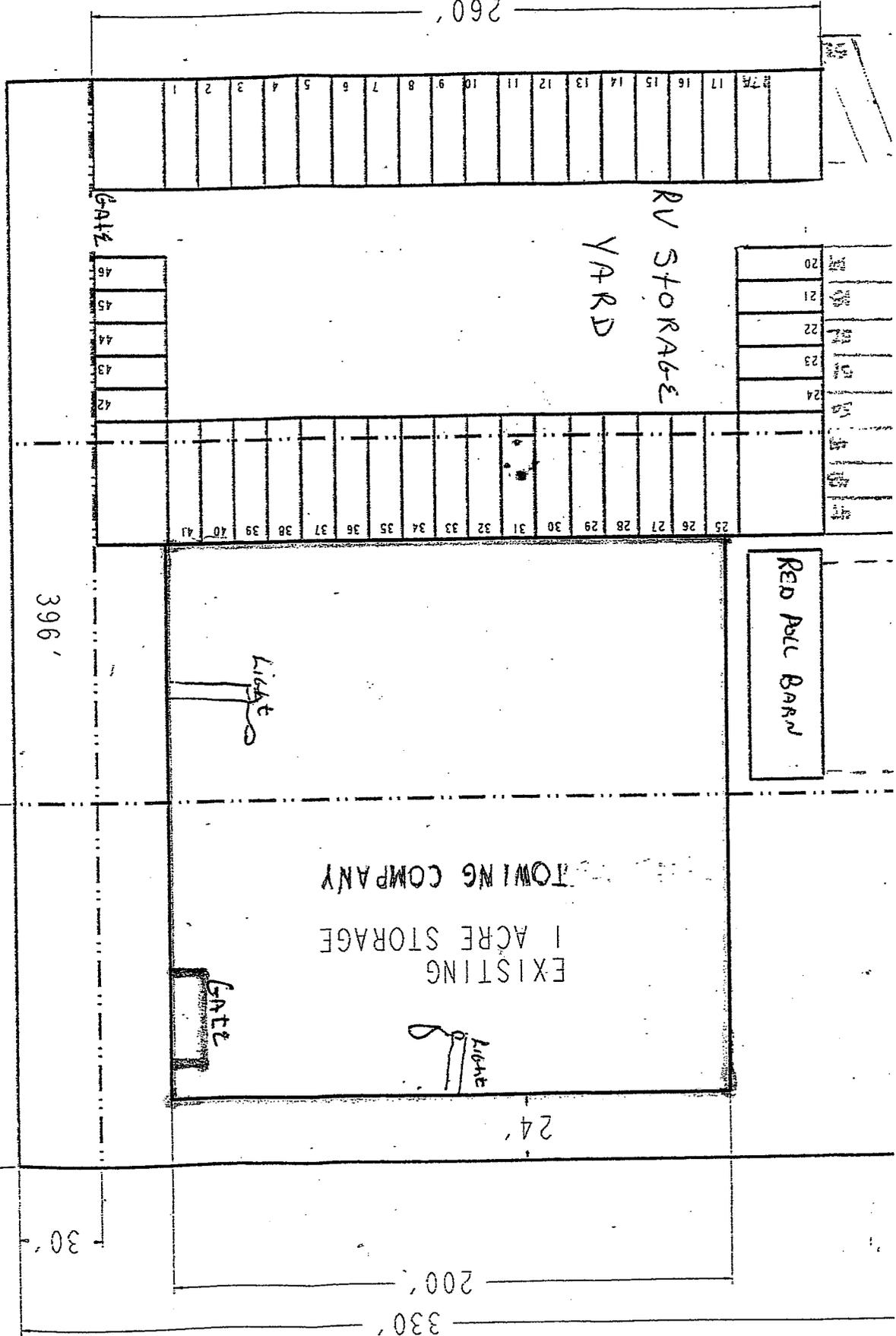
Please Note:

Staff has made every effort to identify issues that may arise with your proposal. However, when staff is reviewing completed applications, concerns which were not anticipated at Concept Review will sometimes arise. These concerns can impact whether or not staff can support a proposal.

PIL
77-

53035 W. JERSEY ROAD

N



ATTACHMENT C

workers Compensation
waiver

Drivers

Health Card

JANICE K. BREWER
GOVERNOR



DAVID RABER
INTERIM DIRECTOR

ARIZONA DEPARTMENT OF ADMINISTRATION
RISK MANAGEMENT DIVISION
100 North 15th Avenue, Suite #301
Phoenix, Arizona 85007
Telephone: (602) 542 2175; Facsimile: (602) 542 1800
On-line: 'http://risk.az.gov'

SOLE PROPRIETOR WAIVER

NOTE: THIS FORM APPLIES ONLY TO STATE OF ARIZONA AGENCIES, BOARDS, COMMISSIONS, UNIVERSITIES UTILIZING SOLE PROPRIETORS WITH NO EMPLOYEES, IF YOU ARE CONTRACTING WITH A CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP OR SOLE PROPRIETORS WITH EMPLOYEES, THIS FORM DOES NOT APPLY.

The following is a written waiver under the compulsory Workers' Compensation laws of the State of Arizona, A.R.S. §23-901 (et. seq.), and specifically, A.R.S. §23-961(O), that provides that a Sole Proprietor may waive his/her rights to Workers' Compensation coverage and benefits.

I am a sole proprietor and I am doing business as White's Towing (name of Sole Proprietors Business). I am performing work as an independent contractor for the State of Arizona, Pinal County Government, for workers' compensation purposes, and therefore, I am not entitled to workers' compensation benefits from the State of Arizona, Pinal County Government.

I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.

Name of Sole Proprietor:	<u>Tian White</u>		
Social Security Number:	<u>377</u>	- <u>70</u>	- <u>4372</u>
Telephone Number:	<u>(520)</u>	<u>568-4404</u>	
Street Address / P. O. Box:	<u>PO Box 164</u>		
City:	<u>Maricopa</u>	State:	<u>AZ</u> ZIP Code <u>85139</u>
Signature of Sole Proprietor:	<u>Tian White</u>		Date: <u>12/31/2010</u>

State Agency:	_____	Agency #	_____
Signature of Agency Contract Administrator:	_____		Date: _____
Contract Identification:	_____		

Both signatures must be signed and the completed form submitted to: State of Arizona, Department of Administration, Risk Management Division, Insurance Unit, 100 North 15th Avenue, Suite 301, Phoenix, Arizona 85007. An authorized Risk Management Representative will sign your completed form and return it to the agency to be maintained in their records.

Signature of Risk Management Authorized Signer

Date

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Steven Sidney Johnson in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- Wearing corrective lenses
- Wearing hearing aid
- Accompanied by a _____ waiver exemption
- Driving within an exempt intracity zone (49 CFR 391.62)
- Accompanied by a Skill Performance Evaluation Certificate (SPE)
- Qualified by operation of (49 CFR 391.64)

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <i>Richard Fleming</i>		TELEPHONE (520) 876-0800	DATE 5/24/17
MEDICAL EXAMINER'S NAME (PRINT) Richard Fleming		<input checked="" type="checkbox"/> MD <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE 31305 AZ		NATIONAL REGISTRY NO. 9960497884	
SIGNATURE OF DRIVER <i>Steven Johnson</i>	INTRASTATE ONLY YES NO	CDL YES NO	DRIVER'S LICENSE NO. B12856022
ADDRESS OF DRIVER 44410 W Burkett Maricopa AZ 85139		STATE AZ	
MEDICAL CERTIFICATE EXPIRATION DATE 5/24/2017			

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Arthur James Jr. In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- Wearing corrective lenses
- Wearing hearing aid
- Accompanied by a _____ waiver exemption
- Driving within an exempt intracity zone (49 CFR 391.62)
- Accompanied by a Skill Performance Evaluation Certificate (SPE)
- Qualified by operation of (49 CFR 391.64)

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <i>[Signature]</i>		TELEPHONE 520 876 0800	DATE 11/10/15
MEDICAL EXAMINER'S NAME (PRINT) Patrick Thompson		<input type="radio"/> MD <input type="radio"/> Advanced Practice Nurse <input type="radio"/> Other Practitioner	<input type="radio"/> DO <input type="radio"/> Chiropractor <input checked="" type="radio"/> Physician Assistant
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE 4395 AZ		NATIONAL REGISTRY NO. 4031837766	
SIGNATURE OF DRIVER <i>Arthur James Jr.</i>	INTRASTATE ONLY <input checked="" type="radio"/> YES <input type="radio"/> NO	CDL <input type="radio"/> YES <input checked="" type="radio"/> NO	DRIVER'S LICENSE NO. D05865015
ADDRESS OF DRIVER 46066 W Long Way, Maricopa AZ			
MEDICAL CERTIFICATE EXPIRATION DATE 2/10/16			

Lori Pruitt

To: towing@cgmailbox.com
Subject: RFP 150720 PCSO Towing Services - ADDITIONAL INFORMATION REQUESTED
Attachments: 20151123_163551_fbbc23ddddd18.pdf

Good afternoon.

Thank you for submitting your proposal for RFP 150720 – PCSO Towing Services. In reviewing your proposal, we found some incomplete or missing information. To remain in consideration of this award, I ask that you please respond to this request for additional information by **Wednesday, November 25, 2015, at 5pm** Arizona Time.

- Response Form 3 – Please clarify the district # that the storage lot you listed is in.
- Response Form 3 – Please provide lot size in feet width x length

You can respond either by email to lori.pruitt@pinalcountvaz.gov or via mail to:

Pinal County Finance Department
Attn: Lori Pruitt
RE: RFP 150720 – PCSO Towing Services - Requested Information
31 N. Pinal Street, Bldg A
PO Box 1348
Florence, AZ 85132

If you have any questions, please contact me at 520-866-6262 or lori.pruitt@pinalcountvaz.gov. Thank you.

Lori Pruitt
Buyer II
Pinal County
520.866.6262

Lori Pruitt

From: towing@cgmailbox.com
Sent: Tuesday, November 24, 2015 9:22 PM
To: Lori Pruitt
Subject: RE: RFP 150720 PCSO Towing Services - ADDITIONAL INFORMATION REQUESTED

we are applying for the Maricopa & Stanfield area I am not sure what the distric number is are storage yard is 200 feet on all 4 size it is 200 feet deep and 200 wide I hope this is what you are asking for

----- Original Message -----
From : Lori Pruitt[mailto:Lori.Pruitt@pinalcountyaz.gov]
Sent : 11/23/2015 3:38:02 PM
To : towing@cgmailbox.com
Cc :
Subject : RE: RFP 150720 PCSO Towing Services - ADDITIONAL INFORMATION REQUESTED

Good afternoon.

Thank you for submitting your proposal for RFP 150720 – PCSO Towing Services. In reviewing your proposal, we found some incomplete or missing information. To remain in consideration of this award, I ask that you please respond to this request for additional information by Wednesday, November 25, 2015, at 5pm Arizona Time.

Response Form 3 – Please clarify the district # that the storage lot you listed is in.

Response Form 3 – Please provide lot size in feet width x length You can respond either by email to lori.pruitt@pinalcountyaz.gov or via mail to:
Pinal County Finance Department
Attn: Lori Pruitt
RE: RFP 150720 – PCSO Towing Services - Requested Information
31 N. Pinal Street, Bldg A

PO Box 1348
Florence, AZ 85132

If you have any questions, please contact me at 520-866-6262 or lori.pruitt@pinalcountyz.gov. Thank you.

Lori Pruitt
Buyer II
Pinal County
520.866.6262