



LORAIN COUNTY

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Matt Lundy Ted Kalo Lori Kokoski

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440-329-5760

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440-326-5997

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440-329-5201

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440-244-2137

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440-284-4467

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440-328-2323

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Lorain County Crime/Drug Lab
Director
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440-329-5636

Lorain County Transit
440-329-5525

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Coordinator
Michael Challender
440-328-2361

Purchasing
440-329-5240

Records Center Supervisor
Denise Lindak
440-326-4866

Solid Waste Director
Keith Bailey
440-329-5442

Workforce Development Director
Mike Longo
440-284-1854

PROJECT NAME: Elevator Maintenance & Repair Contract

ADDENDA NO. 1

March 7, 2016

1. EXTEND BID OPENING DATE TO: **Thursday, March 17, 2016 @ 2 PM**
2. Pre-Bid meeting sign-in sheet attached
3. Contractor's Responsibility - Remove section E on page 7
4. Change: Section F, Miscellaneous to:
At any time Justice Center Elevator #1, #2 Prisoner, and #3 Prisoner elevator is out of service for longer than **fifteen (15)** calendar days, elevator contractor agrees to issue a credit to the county amounting to \$500.00 a day per elevator, for each occurrence, for each and every day the elevator is out of service. The credit will be taken from current Maintenance Agreement fees on the next invoice for services.

All other elevators listed in specification:

At any time elevator is out of service for longer than **thirty (30)** calendar days, elevator contractor agrees to issue a credit to the county amounting to \$500.00 a day per elevator, for each occurrence, for each and every day the elevator is out of service. The credit will be taken from current Maintenance Agreement fees on the next invoice for services.

5. All wheelchair lifts (Justice Center = 2, Historic Courthouse = 1) will require quarterly maintenance / service instead of monthly.

RECEIPT

Addenda No. 1
To the Specifications for:
Elevator Maintenance and Repair Service Contract
Bids Due: Thursday, March 17, 2016 @ 2PM

Bidder shall acknowledge receipt of this addendum by signature of authorized representative and return via fax to the Lorain County Purchasing Department Fax: (440) 329-5459.

| | |
|--------------|----------------------|
| _____ | _____ |
| Date | Printed Name & Title |
| _____ | _____ |
| Company Name | Signature |
| _____ | _____ |
| Address | Telephone No. |