

AI #6558

# C O U N T Y *of* H I D A L G O

*Women, Infants and  
Children Nutrition Program*

3105 W. University Dr.  
Edinburg, Texas 78539  
(956) 381-4646  
(956) 380-4056 Fax

To: Maty Faz, P.O. Administrator  
Hidalgo County Purchasing Department

From: Margarita Gonzalez, Administrative Technician II

Thru: Norma L. Longoria, M.S., L.D. WIC Director *NW*  
Hidalgo County WIC Program

Date: November 14, 2007

RE: Service Agreement for Dumpster in City of McAllen  
(WIC Clinic 1218)

---

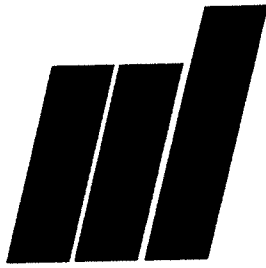
The City of McAllen does monthly inspections and noticed that the WIC Office did not have a trash bid. As per Eliamar Flores, Facilites Adminstrator, stated that we needed to get a dumpster. When I did the transferring of the utilities it was for everything. Apparently I was never notified that the clinic didn't have a dumpster. The staff had been using the dumpster designated for the INS Office & WIC Store to dump trash. This service will be included in the water bill.

Can you place agreement on Commissioners Court.

Thank you for your attention to this matter.

**RECEIVED**  
NOV 14 2007  
**PURCHASING DEPT.**

---



# CITY OF MCALLEN

## Public Works – Solid Waste Collection

### RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS

WHEREAS, the undersigned person or entity has requested that the City of McAllen provide garbage collection services at the property located at 220 S. Bicentennial St. D, McAllen, Texas, of which said person or entity is the tenant, owner and/or agent of owner; and that in order to deliver garbage collection services, the City will have to access the property by means of private property, a private road, alley or driveway, for which the undersigned does hereby agree to indemnify, defend, and hold harmless the City, its officers, agents, and employees from and against any and all claims/judgments for damages and/or liabilities, including but not limited to claims for personal injury and/or damage to property, inclusive of damage to a private road, alley or driveway access; except that the undersigned shall have no such obligation to the City in the event that damages and/or liabilities arising from the negligent or intentional acts or omissions of the City, its agents, officers, and/or employees.

IN ADDITION, the undersigned further agrees that he/she will release from all liability and hold the City, its agents, officers, employees harmless from, and make no claim for, any loss, damage or other injury which he/she may suffer as a result of the use of the property; except as a result of the negligent or intentional acts or omissions of the City, its officers, agents and/or employees.

Signed the \_\_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
Signature of Owner or Owner's Agent

\_\_\_\_\_  
Printed name of Owner or Owner's Agent, and title if applicable<sup>12</sup>

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Printed name of Tenant, and title if applicable<sup>3</sup>

<sup>1</sup> In case of an entity, an authorized representative must execute this Release Form and include his/her title.

<sup>2</sup> An Owner's Agent must provide proof that he/she is authorized to sign on behalf of, and to bind, the Owner.

<sup>3</sup> If the Tenant is making the Application for Service, the Tenant must also have the Owner sign this Release Form. Also, if Tenant is an entity, an authorized representative must execute this Release Form and include his/her title.

REQUEST FOR SANITATION SERVICE and or MODIFICATION

Type:	_____ Place Bin	_____ Remove Bin	_____ Wash & Deodorize	_____ Extra Pick-up
	_____ Increase Pick-ups	_____ Decrease Pick-ups	_____ Lid Locks	_____ Temp. Bin
	_____ Increase Bin Size	_____ Decrease Bin Size	_____ Misc. _____	

\* I (in print), \_\_\_\_\_, (Job Title) \_\_\_\_\_, a duly authorized / legal representative of (Name of company in print) \_\_\_\_\_, by way of this document formally request the following modifications be made of the services I am receiving from the City of McAllen, a Municipal Corporation in the State of Texas. More specifically, from the City of McAllen Public Works Department I request that as a (Date): \_\_\_\_/\_\_\_\_/\_\_\_\_, the following services be rendered. I recognize and accept that this request form will supersede any prior service request(s) made on behalf of this company by its authorized representative.

*Service Description and or Modifications:*

Delivery/ Start Date	Qty of Refuse Containers (Ea)	Dumpster /Roll-off Size (CY)	Frequency of Pick up/Week	Estimated Cost per Month	Location Site
	1	2yd	2	\$69. <sup>88</sup>	220 S-Bicentennial Ste.D

In accordance with the rules and regulations, fees, charges and any and all other relevant ordinances hereto as set forth by the commissioners of the City of McAllen, I hereby agree to pay the charges regularly, and as are shown above, upon receipt of a monthly invoice from the City of McAllen.

\* On behalf of (company name) Hidalgo County Wic Program, with an active and current City of McAllen account number: 11039 - 115398, I also authorize the City of McAllen staff to ingress/egress this property as needed to render said services. The containers/items described above are to be brought onto my property on the following dates and are to be placed at the following locations:

CUSTOMER INFORMATION:

\* Company Name: McAllen Wic Clinic c/o Hidalgo County Wic  
 Billing Address: 3105 W. University Dr. ST Edinburg ZIP 78539  
 Phone Number: 381-4646 or \_\_\_\_\_ E-Mail \_\_\_\_\_

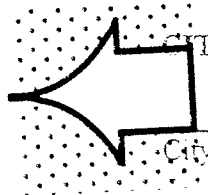
ACKNOWLEDGEMENT and AUTHORIZATION

COMPANY/CUSTOMER

\_\_\_\_\_  
 Authorization Signature of Representative

Title: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



CITY OF McALLEN  
 \_\_\_\_\_  
 City representative

Title: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

DUMPSTERS

BOX SIZE & # OF WEEKLY PICK-UPS	PREVIOUS RATE	5% INCREASE	NEW RATE
2 yd / 2 pick-ups	\$66.55	\$3.33	\$69.88
2 yd / 3 pick-ups	\$100.43	\$5.02	\$105.45
2 yd / 4 pick-ups	\$133.10	\$6.66	\$139.76
2 yd / 5 pick-ups	\$159.28	\$7.96	\$167.24
2 yd / 6 pick-ups	\$181.50	\$9.08	\$190.58

4 yd / 2 pick-ups	\$127.05	\$6.35	\$133.40
4 yd / 3 pick-ups	\$189.97	\$9.50	\$199.47
4 yd / 4 pick-ups	\$250.47	\$12.52	\$262.99
4 yd / 5 pick-ups	\$269.83	\$13.49	\$283.32
4 yd / 6 pick-ups	\$343.64	\$17.18	\$360.82

6 yd / 2 pick-ups	\$158.51	\$7.93	\$166.44
6 yd / 3 pick-ups	\$237.16	\$11.86	\$249.02
6 yd / 4 pick-ups	\$315.81	\$15.79	\$331.60
6 yd / 5 pick-ups	\$394.46	\$19.72	\$414.18
6 yd / 6 pick-ups	\$471.90	\$23.60	\$495.50

8 yd / 2 pick-ups	\$210.54	\$10.53	\$221.07
8 yd / 3 pick-ups	\$315.81	\$15.79	\$331.60
8 yd / 4 pick-ups	\$421.08	\$21.05	\$442.13
8 yd / 5 pick-ups	\$526.35	\$26.32	\$552.67
8 yd / 6 pick-ups	\$631.62	\$31.58	\$663.20

COMPACTORS

# OF WEEKLY PICK-UPS	PREVIOUS RATE	5% INCREASE	NEW RATE
1	\$412.50	\$20.63	\$433.13
2	\$836.00	\$41.80	\$877.80
3	\$1,232.00	\$61.60	\$1,293.60

EXTRA PICK-UPS

Box Size	Previous Fee	Flat Rate Increase	New Rate
2 yd	\$6.05	\$3.95	\$10.00
4 yd	\$12.10	\$5.90	\$18.00
6 yd	\$18.15	\$5.85	\$24.00
8 yd	\$24.20	\$5.80	\$30.00

WASH & DEODORIZE

Box Size	Previous Fee	5% Increase	New Rate
2 yd	\$47.19	\$2.36	\$49.55
4 yd	\$47.19	\$2.36	\$49.55
6 yd	\$47.19	\$2.36	\$49.55
8 yd	\$53.24	\$2.66	\$55.90

LID LOCKS

Box Size	Previous Fee	5% Increase	New Rate
2 yd	\$30.00	\$1.50	\$31.50
4 yd	\$30.00	\$1.50	\$31.50
6 yd	\$30.00	\$1.50	\$31.50
8 yd	\$30.00	\$1.50	\$31.50

Functions Help



11/09/2007 4:33:34 PM

Customer ID 11039 Name HIDALGO COUNTY WIC PROGRAM  
Location ID 115398 Address 220 S BICENTENNIAL BLVD D

Service SA SANITATION  
Jurisdiction CM CITY MCALLEN  
Class C COMMERCIAL  
Inside/Outside I  
Flat rate code SC COMMERCIAL MINIMUM  
Effective date 9/26/98  
Charge amount 40.000000

Component Information  
Start date 3/26/04  
Stop date 0/00/00  
Status A  
Quantity 1.0000  
Comment \* Needs Dumpster

OK Exit Cancel Change history