



**SAFE GUARD FIRE**

12005 N. BRYAN RD  
 MISSION, TEXAS 78573  
 V: (956) 618-SAFE | F: (956) 686-0422  
 E: [info@safeguardrgv.com](mailto:info@safeguardrgv.com)  
 ACR-1918136

THIS COMMERCIAL AGREEMENT made this 18TH day of JUNE 2019, by and between SAFE GUARD FIRE hereinafter called "Company," and HIDALGO COUNTY hereinafter called "Subscriber," located at

Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 WITNESSETH: that for the considerations and covenants hereinafter specified below, on the reverse side hereof, and on Riders hereto, parties do, for themselves, their successors and assigns mutually agree:

(A) INSTALLATION: Safe Guard Fire, agrees to install or cause to be installed and service, the equipment hereinafter sometimes referred to as "system", set forth below in the Schedule of Equipment as requested by above subscriber for the following premises:  Same as Above

HIDALGO COUNTY ENDOWMENT CENTER  
107 N. SUNFLOWER RD. EDINBURG TX 78542  
 Number Street City State Zip

- CONDITIONS MONITORED:** (Check all services that apply; pricing listed is represented in monthly charges)
- Burglar Alarm Off-Premises Monitoring \$ 37.00  Local Burglar Alarm \$ \_\_\_\_\_
  - Fire Alarm Off-Premises Monitoring (of local alarm) \$ \_\_\_\_\_  Local Fire Alarm \$ \_\_\_\_\_
  - Hold-up Alarm Off-Premises Monitoring \$ \_\_\_\_\_  Burglar Alarm Maintenance \$ \_\_\_\_\_
  - Elevator Monitoring \$ \_\_\_\_\_  Fire Alarm Maintenance \$ \_\_\_\_\_
  - Cellular/Radio Telemetry \$ \_\_\_\_\_  Video Surveillance System Maintenance \$ \_\_\_\_\_
  - Sprinkler Test & Inspection \$ \_\_\_\_\_  Access Control Maintenance \$ \_\_\_\_\_
  - Fire Alarm Inspection (Billed upon Inspection) \$ \_\_\_\_\_  FA Sensitivity Test (Billed upon Inspection) \$ \_\_\_\_\_
  - Digital Dialer Communicator \$ \_\_\_\_\_  Other \$ \_\_\_\_\_
- Non-Open/Close Reporting  Non-Supervised Open/Close Reporting  Close Supervised Reporting  Open/Close Supervised Reporting  
 (Check one)  
 Est. Install Date: \_\_\_\_\_ Est. Inst. Time: \_\_\_\_\_ Est. Arrival Time: \_\_\_\_\_

Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_

**(B) SYSTEM/EQUIPMENT PURCHASE:**  
 Subscriber total equipment purchase inclusive of installation is \$ \_\_\_\_\_ dollars plus applicable tax (if any) and agreed to the following payment terms:  
 Deposit of \$ \_\_\_\_\_ dollars; \$ \_\_\_\_\_ dollars upon equipment delivery; \$ \_\_\_\_\_ upon completion.  
 NOTES: \_\_\_\_\_

**(C) TERM AND PAYMENT:**  
 (1) The initial term of this Agreement is for 3 year(s) from the date service is operative under this agreement (See section III).  
 (2) The total sum of this contract (on a yearly basis) is for \$ one thousand three hundred thirty-two /00 dollars (\$ 1,332.00 ).  
 (3) Subscribers initial deposit is the sum of \$ \_\_\_\_\_ dollars (minimum monthly fee for each service requested)  
 (4) Subscriber shall pay: The sum of \$ 444.00/37.00monthly dollars;  monthly,  quarterly,  semiannually or  annually in advance, due on the first day of each period, during the term of this Agreement, subject to the other terms and conditions of this Agreement, including but not limited to, those of on the reverse side hereof (See section III).  
 (5) Such amounts plus applicable sales tax (if any), are to be paid to **SAFE GUARD FIRE** and remit to the address listed above.

SUBSCRIBER PASSWORD/PASSCODE (Limited to 15 characters)  
 \_\_\_\_\_

**AUTHORIZED INDIVIDUALS TO BE NOTIFIED**  
 (Please list in order of priority, information of individual to be notified in the event of an alarm condition)

NAME	PRIMARY PHONE #	ALTERNATE PHONE #	PASSWORD/PASSCODE

**(D) RECEIPT OF COPY/ACKNOWLEDGEMENT:** \_\_\_\_\_ Sub. Initial  
 Subscriber acknowledges that subscriber has chosen the services and equipment/system, that the degree of detection is increased by the use of additional equipment. Additional equipment, protection and services can be provided at an additional cost if the subscriber desires and so notifies the company. Subscriber acknowledges receipt of copy of this Agreement, and notification of required permit (if any) needed (See section IV).  
 This Agreement is binding on company only if approved and signed by an authorized officer of Company; In the event of failure of approval, the sole liability of Company shall be to refund to Subscriber the amount that has been paid to Company upon the signing of this Agreement. The terms and conditions contained on the reverse side of this Agreement are incorporated herein and by reference are made a part hereof. Company shall have the right but not the obligation, of collecting and/or reporting to one or more credit reporting agencies relevant information pursuant to this Agreement.

APPROVED BY  
 COMMISSIONER'S COURT  
 ON: 6/18/19 ne

Company Authorized Officer  
Edgar Puente  
 (Print)  
 \_\_\_\_\_  
 (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Subscriber Authorized Officer  
Richard F. Cortez  
 (Print)  
 \_\_\_\_\_  
 (Signature) Richard F Cortez (Date) 7/10/19

# Requisition

Req # 00394369

PO #

Date: 05/17/19

Bill To:

**Vendor :** 462225  
 JSJ SECURITY, INC.  
 SAFEGUARD SECURITY  
 12005 N BRYAN ROAD  
 MISSION TX 78573  
 FAX (956)686-0422

**Ship To:** HIDALGO CO. PCT 4  
 1051 N. DOOLITTLE  
 EDINBURG TX 78542

**Contact:** NICK PEREZ  
 956-383-3112

**Contract No:**

**Special Instructions:**  
 PCT#505

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
6.00	MONTH	SECURITY ALARM MONITORING SERVICES LOCATION: PCT4 ENDOWMENT CENTER 107 N. SUNFLOWER RD. EDINBURG, TX 78539 DO NOT DUPLICATE ORDER  SECURITY ALARM MONITORING SERVICES  <u>Account No</u>  9-1100-466-00-124-186-0-413    REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	37.00          222.00          Freight .00          Total 222.00	222.00

**Authorized By:** \_\_\_\_\_



# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:  
 2019-493079

Date Filed:  
 05/20/2019

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

HIDALGO COUNTY ENDOWMENT CENTER  
 EDINBURG , TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

HIDALGO COUNTY

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

394369  
 Security monitoring services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

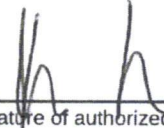
6 UNSWORN DECLARATION

My name is Jorge Rodriguez, and my date of birth is \_\_\_\_\_.

My address is 12005 N. Bryan Rd., Mission, TX, 78573, USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 21st day of May, 2019.  
(month) (year)

  
 \_\_\_\_\_  
 Signature of authorized agent of contracting business entity  
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:  
 2019-493079

Date Filed:  
 05/20/2019

Date Acknowledged:  
 05/29/2019

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

HIDALGO COUNTY ENDOWMENT CENTER  
 EDINBURG , TX United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

HIDALGO COUNTY

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

394369  
 Security monitoring services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
 Signature of authorized agent of contracting business entity  
 (Declarant)

(con't signature page)

## SERVICE AGREEMENT

**Company's Name:** JSJ Security, Inc. dba Safeguard Security

**Department:** Commissioner Pct. 4

**AI-70710** Approved on CC on 06/18/19

### APPROVED AS TO FORM:

Office of the Hidalgo County Criminal District Attorney

By: \_\_\_\_\_

Victor M. Garza, Assistant District Attorney

### ATTEST:

By: \_\_\_\_\_

Arturo Guarjardo, County Clerk

