

Contract for Service Form

Rock Island-Milan School District 41

VENDOR NAME: Midwest Alarm Services **EMAIL:** jenna.parr@mw-as.com

ADDRESS: 1910 E KIMBERLY RD, Davenport, IA 52807

DATES OF SERVICE TO BE COMPLETED: July 1, 2025-June 30, 2026

SCHOOL DISTRICT CONTACT: Josh Becker

COMPENSATION: \$ Not to exceed \$75,000

DESCRIPTION OF DUTIES:

For alarm monitoring, required testing and any additional repair services needed.

Is this a Subscription/Software: Yes ☐ or No ☒

If NO, go to next section. If YES, complete below, then go to next section (no vendor signature)

Subscription/Software Name: _____ **Website:** _____

Subscription/Software Start Date: _____ **End Date:** _____

SOPPA Approved: Yes ☐ or No ☐

Requesting School: District

Budget Code: O & M Budget

Signature of Vendor: _____ **Date:** _____

Signature of Budget Administrator:  _____ **Date:** 5/20/25

Superintendent or School Board President

Date