

SOLE/SINGLE SOURCE REQUEST

Fully completed forms must be submitted to and approved by Purchasing before a PO or Contract may be issued. The form needs to have been fully completed by requesting department and approved by Purchasing prior to seeking Council authorization for waiving competitive bidding on the grounds of sole/single sourcing.

VENDOR INFORMATION

Vendor Name: Verra Mobility	
Address: 1150 N Alma School Road, M	
Contact Name:TJ	Title: Sales Rep
Phone Number:480-393-6668	E-mail: Edward.Tiedle@verramobility.com
PRODUCT / SERVICE REQUESTED	
Manufacturer Name: <u>Verra</u>	
Manufacturer Part Number (if applicable)	:N/A
Description of Services (if applicable):Ca	ptures images and videos of vehicles running red lights.
Provides vetting billing and collection	of fines for red light violations. Manufacturer maintains
equipment while in contract.	
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Justification for Selection of Vendor: Sole	e Source vendor, no other vendor provides the service.
Estimated Price: \$ \$21,000 Mon	Telephone Name
Requires Council Approval? Yes O	No O
APPROVED BY	
Department Head Signature:	
Approval Date:	
PURCHASING DIVISION ACTION	
Approved 🗹	
Denied	
By:	
Date: 2 26 24	
Peacon:	