



BOONE COUNTY, MISSOURI

Request for Bid #: 68-23OCT15 – Pest Control Services Term & Supply

ADDENDUM #1 - Issued October 22, 2015

This addendum is issued in accordance with the Request for Bid Response Page in the Request for Bid and is hereby incorporated into and made a part of the Request for Bid documents. Bidders are reminded that receipt of this addendum should be acknowledged and submitted with Respondent's Response Form.

Specifications for the above noted Request for Bid and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

1. Do treatments for pest control need to be made during certain hours of the day?

No, with the exception of the courtrooms in Boone County Courthouse which can only be treated when court is not in session.

2. Does the County have specific pest control problems that will need special attention?

It is requested that the awarded contractor focus on mice at the buildings listed in Section 2.6.3. Also clover mites are a problem in the Government Center each spring. Facilities Maintenance recently requested treatment for fleas in the some of the buildings located in the downtown area of Columbia, but this matter is no longer of concern.

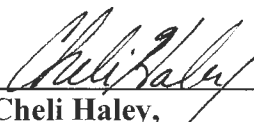
3. Does the County have problems with mosquitoes?

No, and the County is primarily interested in pest control services for the building interiors.

4. Clarification to Section 3.4.1. Prevention.

Contractor shall take all actions and procedures necessary to prevent the infestation of pest on County property. Site visits shall occur quarterly at all locations listed in Section 2.6. of the Request for Bid. The applications of pest control chemicals shall occur quarterly or as needed.

By:



Cheli Haley,
Buyer

RESPONDENT has examined **Addendum #1** to Request for Bid # 68-23OCT15 – Pest Control Services Term & Supply, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____