

DEC 27 2017

Approved

REQUEST FOR AGENDA PLACEMENT FORM

Submission Deadline - Tuesday, 12:00 PM before Court Dates

SUBMITTED BY: Dan Milam

TODAY'S DATE: DEC. 15, 2016

DEPARTMENT:

Information Technology

SIGNATURE OF DEPARTMENT HEAD:

X _____

REQUESTED AGENDA DATE:

X 12/27/2016

SPECIFIC AGENDA WORDING:

Consideration and Approval of Supplement to Equipment Lease Agreement with Mitel Leasing, Inc. for additional Mitel Phone equipment (supplementing Lease No. 130357 which was approved by Johnson County Commissioners Court on December 27, 2016

PERSON(S) TO PRESENT ITEM: DAN MILAM

SUPPORT MATERIAL: (SENT BY SEPARATE EMAIL)

TIME:

ACTION ITEM: 15

WORKSHOP: _____

(Anticipated number of minutes needed to discuss item)

CONSENT: _____

EXECUTIVE: _____

STAFF NOTICE:

COUNTY ATTORNEY: _____ X _____

IT DEPARTMENT: _____ X _____

AUDITOR: _____ X _____

PURCHASING DEPARTMENT: _____ X _____

PERSONNEL: _____

PUBLIC WORKS: _____

BUDGET COORDINATOR: _____

OTHER: Sheriff's Office

*******This Section to be Completed by County Judge's Office*******

ASSIGNED AGENDA DATE: _____

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE _____

COURT MEMBER APPROVAL _____

Date _____

**Supplement to Equipment Lease
For Additional Equipment (Add-ons)**



Dear Customer: We've written this Supplement to Equipment Lease (Supplement) in simple and easy to read language because we want you to understand its terms. Please read your agreement carefully and feel free to ask us any questions you may have about it. We use words you and your to mean the Customer. The words we, us and our refer to the Lessor indicated below.

Supplement Number _____
 Supplementing Lease Number 130357
 Branch Dallas

Customer Name <u>Johnson County, Texas</u>		Address <u>1 North Main Street, Room 209</u>	
City <u>Cleburne</u>	State <u>TX</u>	Zip <u>76033</u>	
Lessor Name <u>Mitel Leasing, Inc.</u>		Address <u>10603 W. Sam Houston Pkwy North, Suite 400</u>	
City <u>Houston</u>	State <u>Texas</u>	Zip <u>77064</u>	Phone <u>(713) 844-0800</u>

1. Lease Agreement. We agree to lease to you and you agree to lease from us the equipment and modifications listed below.

Quantity	Make & Type
2	MiVoice Business License - SIP User (54002763)
15	MiCollab NPUM Advanced User x1 (54004222)
19	MiVoice Bus License - Enterprise User (54004975)
4	5606 IPDECT Wireless Handset-NA (51012497)
4	Mitel 5607 Charger Global(excl EU) (51301124)
2	48VDC ETHNT PWR ADPT 100-240V 802.3af (51015131)
15	5330E IP Phone (50006476)
2	MiVoice Conference Phone (aka UC360 Audio variant) (50006580)
2	PWR CRD C7 2.5A 125V-NA PLUG NON POLRIZD (51005172)
	Implementation Hours (53000253)

Equipment location, if other than customer's address above.

Address	City	State
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2. Additional Monthly payment: \$ **968.88**

3. Terms and conditions. You agree that all of the terms and conditions contained in the Lease referred to above will apply to this Supplement, except as stated in paragraph 4 below.

4. Term and Rent. The term of this Supplement will be the number of months remaining under the original Lease described and numbered above at the time we accept this Supplement. The additional monthly payment for the equipment leased under this Supplement will be the amount listed in paragraph 2 above. The additional monthly payment will be added to the payments stated in the Lease. You agree to pay the combined payments on the due dates stated in the Lease for the remaining term of the Lease.

5. Additional Provisions. You agree that this Supplement cannot be cancelled except as provided for in the Lease. You also agree that the equipment will not be used for personal, family or household purposes. You acknowledge receipt of a copy of this Supplement.

CUSTOMER ACKNOWLEDGES, UNDERSTANDS, AND AGREES TO THE TERMS ON THIS FACING PAGE, AND ANY ATTACHMENTS HERETO.

Johnson County, Texas
CUSTOMER NAME

1 North Main Street, Room 209
MAILING ADDRESS

Cleburne, TX 76033
CITY, STATE, ZIP CODE

By:
SIGNATURE
Roger Harman County Judge
TYPED NAME & TITLE

Date: December 27, 2017

MITEL LEASING, INC.

10603 West Sam Houston Pkwy North, Suite 400
MAILING ADDRESS

Houston, TX 77064
CITY, STATE, ZIP CODE

By:
SIGNATURE
Juliana VP
TYPED NAME & TITLE

Date: 12/14/17

DELIVERY AND ACCEPTANCE

We certify that all of the equipment and modifications described in the above Supplement have been delivered and installed and we have accepted it as satisfactory.

X

SIGNATURE PRINT NAME TITLE DATED