

**CITY OF WILKES-BARRE
PENNSYLVANIA**



CITY COUNCIL AGENDA

CITY COUNCIL

REGULAR SESSION

PLEDGE OF ALLEGIANCE

ROLL CALL

CONSENT AGENDA (RESOLUTIONS)

PUBLIC DISCUSSION

ADJOURNMENT

CITY COUNCIL
OCTOBER 24, 2019

CONSENT AGENDA (RESOLUTIONS)

Authorizing DXDempsey (The Bank), located at 8 West Market Street to install a business sign extending over the right-of-way above the entrance on the S. Franklin Street side of the building.

Direct and submit the Application Traffic Signal Approval to the Pennsylvania Department of Transportation. (Intersection of Spring, Pine/Sherman Streets)

Enter into an agreement with Witmer Public Safety Group for the purchase of Miscellaneous Fire Equipment in the amount of \$49,909.50. (Payment will come from the Office of Economic and Community Development).

Enter into an agreement with Glick Fire Equipment Company, Inc. for the purchase of a 202 Pierce Enforcer 107' Ascendant Tractor Drawn Aerial Ladder in the amount of \$1,186,345.00. (Payment will come from the Office of Economic and Community Development and the Local Share Account Fund – Gaming Funds)

Enter into a lease agreement for the purchase of a 2020 Mack tandem axle dump truck, fully equipped with a plow and salt spreader, for a purchase price of \$180,827.00. The purchase will be procured through the Pennsylvania State Co-Stars Program (Triple Cities Acquisitions, LLC Co-Star #025-036) and be funded by the City's Liquid Fuels Account.

MINUTES

Of the Zoning Hearing Board of September 18, 2019.

Of the Regular Session of City Council of October 10, 2019.



Resolution No. _____

Wilkes-Barre, PA _____

BE IT RESOLVED by the City Council of the City of Wilkes-Barre:

RESOLVED, that the City Council of the City of Wilkes-Barre hereby authorizes DXDempsey (The Bank) located at 8 West Market Street to install a business sign extending over the right-of-way above the entrance on the S. Franklin Street side of the building provided the following conditions are met:

1. A Hold Harmless Agreement in favor of the City of Wilkes-Barre shall be executed and returned to the Office of the City Attorney.
2. Certificates of Insurance naming the City as an additional insured shall be filed with the Office of the City Attorney in an amount of one million per occurrence and two million per aggregate.
3. Any and all successors must follow the same requirements.

Submitted by _____

ROLL CALL



SEKULA SIGNS

October 8, 2019

Jim Ryan, City Clerk

SENT VIA E-MAIL TO: jryan@wilkes-barre.pa.us

Dear Mr. Ryan,

We would like to request City Council's approval to install a business sign extending over the public right-of-way for DXDempsey (The Bank), at 8 West Market Street. The actual physical location of the sign will be above the entrance on the S. Franklin Street side of the building.

The 11' x 9' sign will be installed per the attached drawing, with 3/8" x 3" lags and shields. Projected installation will be at the end of November.

I have also attached the Release and Save Harmless Agreement as well as, the requested insurance information.

If you have any questions or need additional information, please do not hesitate to contact me.

Thank you,

Sincerely,

Jan Sedor, Purchasing/Permitting

Attachments



CITITOW-01

CKLEIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/8/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Oak Tree Insurance Services LLC 326 Kingston Ave Brooklyn, NY 11213	CONTACT NAME: PHONE (A/C, No, Ext): (718) 514-7288 E-MAIL ADDRESS: FAX (A/C, No): (718) 228-5981														
INSURED Citi Tower LLC Shine Corp 383 Kingston Ave Suite 50 Brooklyn, NY 11213	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Mesa Underwriters Specialty Insurance Company</td><td></td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Mesa Underwriters Specialty Insurance Company		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			MP0082001000388	11/1/2018	11/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>						
	If yes, describe under DESCRIPTION OF OPERATIONS below						

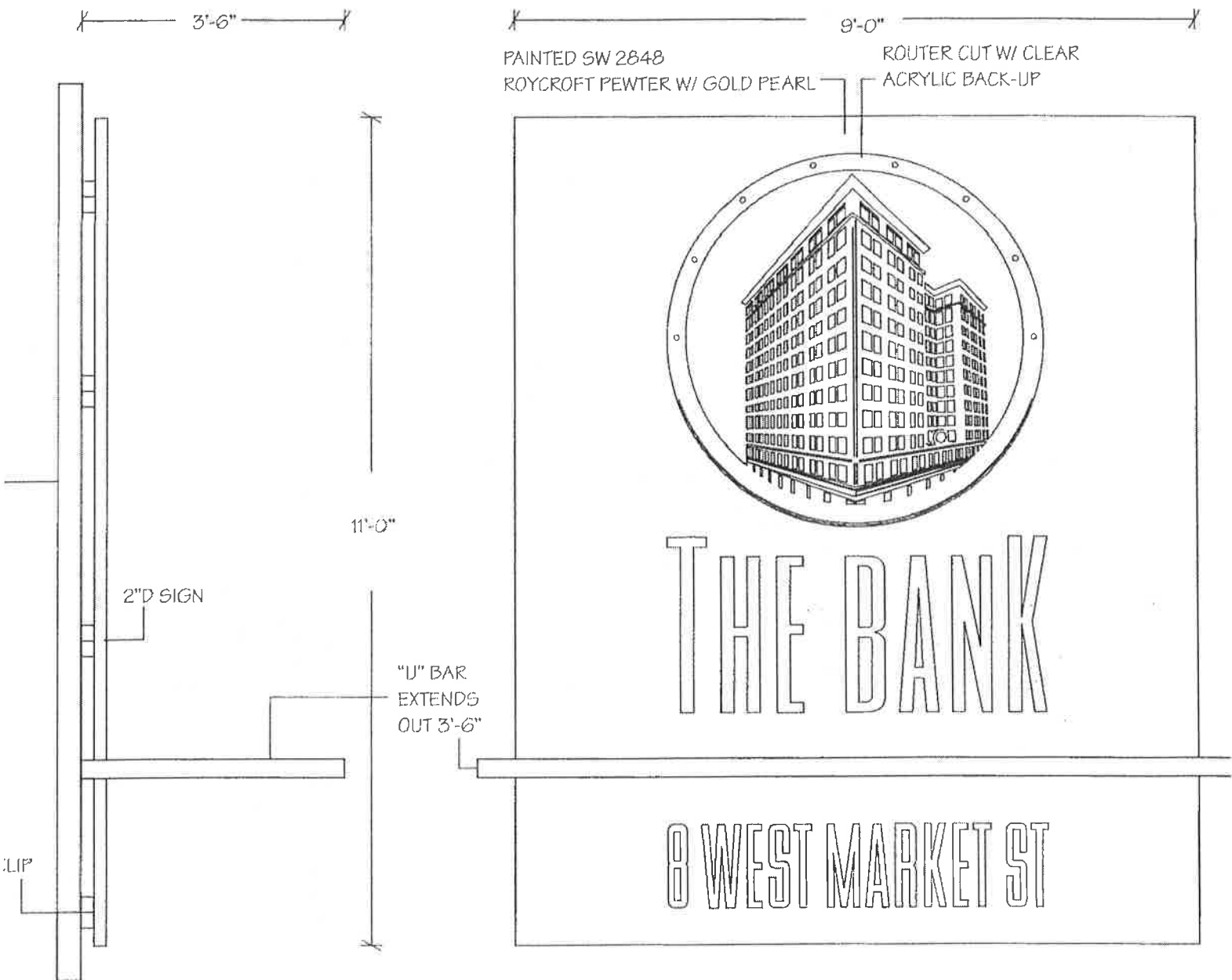
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Wilkes-Barre 40 E Market St Wilkes Barre, PA 18711 is listed as additional insured

CERTIFICATE HOLDER**CANCELLATION**

City of Wilkes-Barre
40 E Market St
Wilkes Barre, PA 18711

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

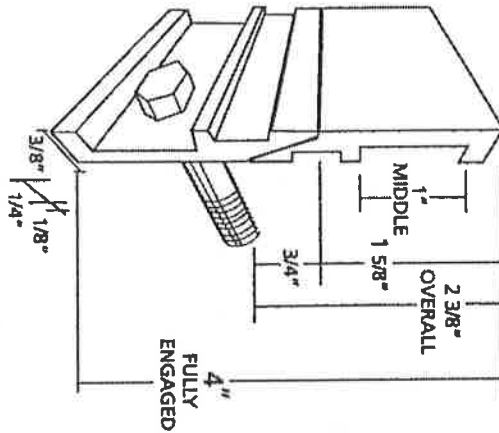
AUTHORIZED REPRESENTATIVE



Specifications:
Thickness: 1/2"
Maximum length: 144"
Minimum length: 12"

11'-0"H X 9'-0"W SINGLE FACE HALO ILLUMINATED ALUMINUM SIGN

KINGCLIP SPECS



Specifications:

Thickness: 3/8"

Maximum length: 144"

Minimum length: 3/4"

Material: 6063 high strength aluminum, heat treated to T6

2 1/2" pair hole spacing: 1 3/4"

Standard hole diameter: 7/32" accommodates up to

a #10 pan head screw

Custom hole diameter: 3/16", 1/4", 5/16"

Lift off clearance required: 13/16"

Mounting channel: 1" wide x 1/4" deep

All holes are punched on center to customer specification.

TYPICAL KINGCLIP SPECS		SCALE: NONE	CUSTOMER APPROVAL SIGNED:		DATE:
		DRAWN BY: CK	LISTED Location: #884808-001 File: #E155468 <small>THIS SIGN IS INTENDED TO BE INSTALLED IN ACCORDANCE WITH THE REQUIREMENTS OF ARTICLE 600 OF THE NATIONAL ELECTRICAL CODE AND/OR OTHER APPLICABLE LOCAL CODES. THIS INCLUDES PROPER GROUTING AND BONDING OF THE SIGN.</small>	SEKULA SIGNS 811 South Brady Street DuBois, PA 15801 Phone: (814) 371-4650 Fax: (814) 371-8261 www.sekulasigns.com	© Sekula Signs <small>This is an original unpublished drawing created by PA Signs, LLC. Use, Sale, Sign, or Sign II is intended for your exclusive use. A variation with a project being planned by Sekula Signs. It is not to be shown to anyone outside your organization, nor to be used, reproduced, copied or published in any fashion. This drawing is property of PA Signs, LLC dba Sekula Signs.</small>
		REVISION:			
NO. C-6904-19	DATE: 9-30-19	FILE:			

* Fill this out and return!

INDEMNITY AGREEMENT

DATED 10-8-19

CITY OF WILKES-BARRE
CITY HALL
WILKES-BARRE, PA. 18711

THE CITY OF WILKES-BARRE, under date of 10-8-19
grants to Citi Tower, LLC (The Bank)

permission to Install 11' x 9' S/F halo illuminated wall sign with
3" x 2" projecting canopy bar. (Projection of bar to be 3'-6")

THEREFORE, the said Citi Tower, LLC (The Bank)

shall and does indemnify and save harmless the City of Wilkes-Barre from
any loss, damage or expense whatsoever, including costs and attorney's
fees, the City may incur or be required to pay where occasioned by or
arising from said permission granted, and/or work as aforesaid.

BY M. [Signature]

EVIDENCE OF INSURANCE IS ALSO REQUIRED



Resolution No. _____ Wilkes-Barre, PA _____

BE IT RESOLVED by the City Council of the City of Wilkes-Barre:

Be It Resolved, by authority of the City Council of the City of Wilkes-Barre, Luzerne County, and it is hereby resolved by authority of the same, that the Mayor of said Municipality is authorized and directed to submit the attached Application Traffic Signal Approval to the Pennsylvania Department of Transportation and to sign this Application on behalf of the Municipality.

Attest: _____ City of Wilkes-Barre

_____, City Clerk
(Signature & Designation of official title)

By: _____, Mayor
(Signature & designation of official title)

I, Jim Ryan, City Clerk of the City of Wilkes-Barre, do hereby certify that the foregoing is a true and correct copy of the Resolution adopted at a regular meeting of the City Council, held the 24th of October, 2019.

Date: _____
(Signature & designation of official title)

Submitted by _____

ROLL CALL

Application for Traffic Signal Approval

Please Type or Print all information in Blue or Black Ink



pennsylvania
DEPARTMENT OF TRANSPORTATION

County : _____
Engineering District : _____
Department Tracking # : _____
Initial Submission Date : _____

A - Applicant's (Municipal) Contact Information

Municipal Contact's Name : Attilio Frati Title : Director of Operations
Municipal Name : City of Wilkes-Barre
Municipal Address : 140 East Market Street, Wilkes-Barre, PA 18711
Municipal Phone Number : (570) 821-1111 Alternative Phone Number : _____
E-mail Address : bfrati@Wilkes-Barre.pa.us
Municipal Hours of Operation : Monday - Friday: 9:00 am - 4:30 pm

B - Application Description

Location (*intersection*) : Spring Street (SR 6309) and Pine Street/Sherman Street
Traffic Control Device is : ☐ NEW Traffic Signal ☒ EXISTING Traffic Signal (Permit Number) : 5448
Type of Device (*select one*) ☒ Traffic Control Signal (MUTCD Section 4D, 4E, 4G) ☐ Flashing Beacon (MUTCD Section 4L) ☐ School Warning System (MUTCD Section 7B)
☐ Other : _____
Is Traffic Signal part of a system? : ☒ YES ☐ NO System Number (*if applicable*) : _____
If YES, provide locations of all signalized intersections in system.
Wilkes-Barre Twp. Blvd. (SR 6309) and Kohls-Sams Club Driveway; Wilkes-Barre Twp. Blvd. (SR 6309) and Highland Park Blvd. (SR 2063)/Coal St.; Wilkes-Barre Twp. Blvd. (SR 6309) and Wegmans Driveway; Wilkes-Barre Twp. Blvd. (SR 6309) and Wilkes Plaza/Price Chopper Driveway; Spring St. (SR 6309) and Pine St./Sherman St.; Spring St. (SR 6309) and Mundy St. (SR 2061)
Explain the proposed improvements :
Modifications to accommodate small cell sites project, including mast arm replacement
Associated with Highway Occupancy Permit (HOP)? : ☐ YES ☒ NO If YES, HOP Application # : _____

C - Maintenance and Operation Information

Maintenance and Operations are typically performed by? :
☐ Municipal Personnel ☐ Municipal Contractor ☒ Municipal Personnel & Contractor
☐ Other : _____
Maintenance and Operations Contact Name : Dennis Sabastinas Company/Organization : City of Wilkes-Barre
Phone # : 570-762-8278 Alternative Phone # : 570-208-4177 E-mail : n/a

D - Attachments Listing

<input checked="" type="checkbox"/> Municipal Resolution (<i>required</i>)	<input type="checkbox"/> Location Map	<input type="checkbox"/> Traffic Volumes / Pedestrian Volumes
<input type="checkbox"/> Letter of Financial Commitment	<input type="checkbox"/> Photographs	<input type="checkbox"/> Turn Lane Analysis
<input type="checkbox"/> Traffic Signal Permit	<input type="checkbox"/> Straight Line Diagram	<input type="checkbox"/> Turn Restriction Studies
<input type="checkbox"/> Warrant Analysis	<input type="checkbox"/> Capacity Analysis	<input type="checkbox"/> Other : _____
<input type="checkbox"/> Crash Analysis	<input type="checkbox"/> Traffic Impact Study (TIS)	
<input type="checkbox"/> Traffic Signal Study	<input type="checkbox"/> Condition Diagram	

Application for Traffic Signal Approval

Please Type or Print all information in Blue or Black Ink



County : _____
 Engineering District : _____
 Department Tracking # : _____
 Initial Submission Date : _____

E - Applicant (Municipal) Certification

The applicant desires to own, operate, and maintain the traffic control device in the location indicated above; and the Vehicle Code requires the approval of the Department of Transportation ("Department") before any traffic signals may be legally erected or modified. A signed Application for Traffic Signal Approval (TE-160) must be submitted in conformance with the instructions provided by the Department, and a Traffic Signal Permit must be issued, before any work can begin.

If the Department approves a traffic signal after a traffic engineering study and engineering judgment indicates the need, the traffic signal shall be installed, owned, operated, and maintained within the parameters indicated in the Vehicle Code and the Department's regulations relating to traffic signs, signals, and markings. The Department may direct appropriate alterations to the design or operation (including, but not limited to, hours of operation) of the traffic signal, or require removal of the traffic signal, if traffic conditions or other considerations necessitate alteration or removal.

All items associated with the traffic control device (geometric features, signs, signals, pavement markings, pedestrian accommodations, and other traffic control device associated items) are the applicant's responsibility. The Traffic Signal Permit will then document all of the items associated with operation of each traffic control device. The applicant, at its sole expense, shall provide the necessary inspection, maintenance, and operation activities in conformance with the Department's Publication 191 or as otherwise agreed to by the Department. The applicant shall perform the preventative and responsive maintenance requirements and recordkeeping in accordance with the exhibits specified below. If the applicant fails to provide the required inspection, maintenance, or operation services within thirty (30) days of receipt of written notice from the Department, the Department shall have the right to perform the required inspection, maintenance, or operation services in the applicant's stead and the applicant shall reimburse the Department for all costs incurred. Federal- and/or state-aid participation may be withheld on all future projects if the applicant fails to demonstrate to the Department the ability to provide all required maintenance and operation services. The applicant certifies that it has funds available and committed for the operation and maintenance of the traffic control device and that it will make available sufficient funds for all required future inspection, maintenance, and operation activities.

The applicant shall indemnify, save harmless and, defend (if requested) the Commonwealth of Pennsylvania, its agents, representatives, and employees from and against any damages recoverable under the Sovereign Immunity Act, 42 Pa. C.S. §§ 8521-8528, up to the limitations on damages under said law, arising out of any personal injury or damage to property which is finally determined by a court to be caused by or result from acts or omissions of the applicant and for which a court has held applicant, its officials, or employees to be liable. This provision shall not be construed to limit the applicant in asserting any rights or defenses. Additionally, the applicant shall include in any contracts into which it enters for maintenance, operation, or inspection of the traffic control device this same obligation to indemnify the Commonwealth and its officers, agents, and employees; and it shall require its contractor(s) to provide public liability insurance coverage, naming the Commonwealth and the applicant as additional insureds for bodily injury, including death and property damage, in the minimum amounts of \$500,000 per person, \$1,000,000 per occurrence, it being the intention of parties to have the contractor fully insure and indemnify the Commonwealth and the applicant.

The applicant shall comply with the study and ordinance requirements of 75 Pa. C.S. § 6109. The applicant submits this application with the intention of being legally bound.

Neither this application nor any Traffic Signal Permit creates any rights or obligations with respect to parties other than the applicant and the Department. Third parties may not rely upon any representations made by either the applicant or the Department in connection with the submission or approval of this application or any work permitted or approved that is related to this application, as regards either payment of funds or performance of any particular item of maintenance precisely as specified.

The applicant agrees to comply with the attached Exhibits:

- Exhibit "A": Preventative and Response Maintenance Requirements (Sheet 3 of 5)
- Exhibit "B": Recordkeeping (Sheet 4 of 5)
- Exhibit "C": Signal Maintenance Organization (Sheet 5 of 5)

Printed Municipal Contact Name : Attilio Frati

Date : September 27, 2019

Signed By :

Witness or Attest :

Title of Signatory : Director of Operations

Title of Witness or Attester :

Exhibit "A":**Preventative and Response Maintenance Requirements**
 County : _____
 Engineering District : _____
 Department Tracking # : _____
 Initial Submission Date : _____
Preventive Maintenance

The APPLICANT or its contractor will provide preventive maintenance for each individual component of the traffic signal installation covered by this application at intervals not less than those indicated in the Preventive Maintenance Summary, PA DOT Publication 191, current version. This is the recommended level of maintenance to keep the intersection control equipment and signals in mechanically, structurally and aesthetically good condition.

Response Maintenance

The APPLICANT or its contractor will provide response maintenance in accordance with the provisions of the Response Maintenance Schedule. It encompasses the work necessary to restore a traffic signal system to proper and safe operation. Includes Emergency Repair and Final Repair.

FINAL REPAIR:

Repair or replace failed equipment to restore system to proper and safe operation in accordance with permit within a 24-hour period.

EMERGENCY REPAIR:

Use alternative means or mode to temporarily restore system to safe operation within a 24-hour period. Final repair must then be completed within 30 days unless prohibited by weather conditions or availability of equipment.

Response Maintenance Schedule**KNOCKDOWNS**

Support - Mast arm
 Support - Strain pole
 Span wire/tether wire
 Pedestal
 Cabinet
 Signal heads

TYPE OF REPAIR PERMITTED

Emergency or Final
 Emergency or Final
 Final Only
 Emergency or Final
 Emergency or Final
 Final Only

EQUIPMENT FAILURE

Lamp burnout (veh. & ped.)
 Local controller
 Master controller
 Detector sensor
 - Loop
 - Magnetometer
 - Sonic
 - Magnetic
 - Pushbutton
 Detector amplifier
 Conflict monitor
 Flasher
 Time clock
 Load switch/relay
 Coordination unit
 Communication interface, mode
 Signal cable
 Traffic Signal Communications
 Traffic Signal Systems

Final Only
 Emergency or Final
 Emergency or Final
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 Final Only
 Final Only

**Exhibit "B":
Recordkeeping**

County : _____

Engineering District : _____

Department Tracking # : _____

Initial Submission Date : _____

Recordkeeping

Accurate and up-to-date recordkeeping is an essential component of a good traffic signal maintenance program. In recognition of this fact, the APPLICANT must prepare, retain, and make available to the COMMONWEALTH, on request, a record of all preventive and response maintenance activities performed on the traffic signal equipment covered by this application.

The APPLICANT shall establish a separate file for each installation and keep its records in the municipal building, signal maintenance shop, or other weather-protected enclosure.

At a minimum, the following records will be kept by the APPLICANT or its contractor for each traffic signal. These forms can be found in Section 10.0, Maintenance Record Forms, PA DOT Publication 191, current version.

FORM 1 - Master Intersection Record

This form, which lists all maintenance functions performed at the intersection, should be updated within one day of the activity but no more than one week later.

FORM 2 - Response Maintenance Record

Each time response maintenance is required at the intersection, this form is to be completed. Once the pertinent information is transferred to the master intersection record, this form is to be placed in the intersection file.

FORM 3 - Preventive Maintenance Record

This form will be used to provide a record of the preventive maintenance activities performed at each intersection. The date, the activities performed, and the signature of the person in charge of the work must be recorded in the form.

This form may be kept at the intersection, if it is adequately protected from the weather. Form 1 must be updated at the central file, however, to reflect the date and activity.

**Exhibit "C":
Signal Maintenance Organization**

County : _____
 Engineering District : _____
 Department Tracking # : _____
 Initial Submission Date : _____

Personnel Classifications

In order to properly maintain the traffic signal equipment covered by this applicant, the APPLICANT agrees to provide, as minimum, the following staff throughout the useful life of equipment. The APPLICANT agrees to abide by all guidance provided in PA DOT Publication 191.

Traffic Engineer - The administrative position which has prime responsibility for the proper operation of traffic signal equipment. The principal function of this position is the supervision and control of subordinate personnel and the planning of their activities to ensure adequate preventive and response maintenance programs.

Minimum Position Requirements

1. A thorough understanding of traffic signal design, installation and maintenance.
2. A working knowledge of the interaction between the following traffic characteristics: Intersection geometry, traffic flow theory, control type (fixed time, actuated, etc.), signal phasing and timing, and interconnection.
3. An ability to supervise subordinate personnel effectively in the assignment of their work.
4. Possession of a college degree in engineering, which includes course work in traffic engineering.
5. Either four years experience in the field of traffic engineering or its equivalent in graduate college work.

Signal Specialist - The individual responsible for the diagnostics and repair of all traffic signal equipment including solid state equipment.

Minimum Position Requirements

1. Extensive training and troubleshooting skills in electronics and software.
2. Ability to repair modules in the shop and to design test equipment needed to diagnose and repair a problem.
3. Ability to make design and modifications to implement or omit special functions.
4. Ability to implement a recordkeeping system to include maintenance activities, inventory control and identification of recurring problems.
5. Ability to perform all tasks required of a signal technician.

Signal Technician - Individual responsible for the operation and maintenance of traffic signals and electromechanical equipment.

Minimum Position Requirements

1. Ability to perform response maintenance on solid state equipment up to the device exchange level.
2. Capability to diagnose a vehicle loop failure and initiate corrective action.
3. Ability to tune detector amplifiers.
4. Ability to follow wiring schematics, check and set timings from plan sheet and check all field connections.
5. Ability to perform preventive maintenance on all equipment and to maintain accurate records of all work performed.

Training

The APPLICANT agrees to secure training in order to upgrade the ability of its present staff to properly perform the required maintenance functions. The APPLICANT agrees to abide by all guidance provided in PA DOT Publication 191.

Budget Requirements

The APPLICANT agrees to provide, in its annual operating budget, dedicated funds which are sufficient to cover the cost of the personnel, training, contractors (if utilized) and specialized maintenance equipment which are required, by virtue of this application. The APPLICANT agrees to abide by all guidance provided in PA DOT Publication 191..



Application Instructions

A - Applicant's (Municipal) Contact Information

Municipal Contact's Name: Provide the municipal contact name that is (or will be responsible) for the traffic signal. Typically this is either the Municipal Manager or Roadmaster.

Title: Provide the title of the municipal contact name.

Municipal Name: Provide the official municipal name.

Municipal Address: Provide the full address of the municipal building.

Municipal Phone Number: Provide the municipal phone number of the municipal contact.

Alternative Phone Number: Provide an alternative phone number of the municipal contact.

E-mail Address: Provide the e-mail address of the municipal contact.

Municipal Hours of Operation: Please provide the municipalities normal operating hours (i.e. Monday-Thursday 9 AM - 2 PM)

B - Application Description

Location (intersection): Please provide a detailed location of the device or devices being considered for approval.

Please include any State Route and/or local road names in your description.

Traffic Control Device is: (Please select one of the two following categories)

NEW Traffic Signal: This item should be selected when requesting approval of a traffic signal that is currently not in operation at the device location indicated above.

EXISTING Traffic Signal: This item should be selected when requesting approval to make a modification or update to an existing traffic signal.

(Permit Number): Please provide the traffic signal permit number.

Type of Device (select one): (Please select one of the four following categories)

Traffic Control Signal: As defined in federal Manual on Uniform Traffic Control Devices (MUTCD) Sections 4D, 4E, and 4G. When selecting this category this is the typical red/yellow/green and pedestrian signal indications

Flashing Beacon: As defined in federal Manual on Uniform Traffic Control Devices (MUTCD) Section 4L. When selecting this category, this is typically either the flashing yellow/red signal at an intersection and/or the flashing yellow warning sign.

School Warning System: As defined in federal Manual on Uniform Traffic Control Devices (MUTCD) Section 7B. When selecting this category, this is typically the flashing school warning sign with a 15 mph indication.

Other: When selecting this category, this pertains to all other permitted electrically powered traffic control devices approved by the Department.

Is Traffic Signal part of a system?: Check off the appropriate box, either YES or NO. If YES, please fill in the **System Number (if applicable):** line.

Explain the proposed improvements: Provide a description of the proposed improvements to the intersection. This may be as complex as installing and/or upgrading a traffic signal or as non-complex as placement of a new traffic sign to supplement an existing traffic signal.

Associated with Highway Occupancy Permit (HOP)?: Check off the appropriate box, either YES or NO. If YES, please fill in the **Application #:** line.

C - Maintenance and Operation Information

Maintenance and Operations are typically performed by?: Please indicate if maintenance and operation will be performed by Municipal Personnel or through Contract Services.

Maintenance and Operations Contact Name: Provide the primary maintenance contact name for the individual that is (or will be responsible) for the maintenance and operation of the traffic signal.

Company/Organization: Provide the name of the company/organization with which the primary maintenance contact is affiliated.

Phone #: Provide the phone number for the primary maintenance contact.

Alternative Phone #: Provide an alternative phone number for the primary maintenance contact or affiliated company/organization.

E-mail: Provide the e-mail address for the primary maintenance contact.

D - Attachments Listing

Check off all documents which will be submitted along with this application. Note that a Municipal Resolution, authorizing the municipal contact to submit and sign the application, is a required document.

A sample Municipal Resolution has been provided on the next page.

E - Applicant (Municipal) Certification

Printed Municipal Contact Name: Please print the name of the municipal contact person signing the application.

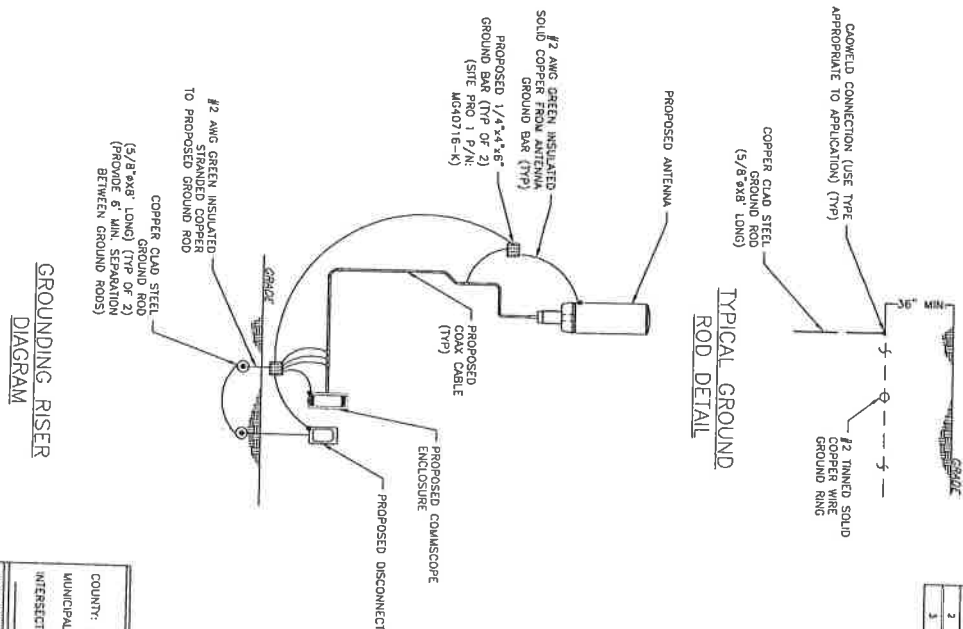
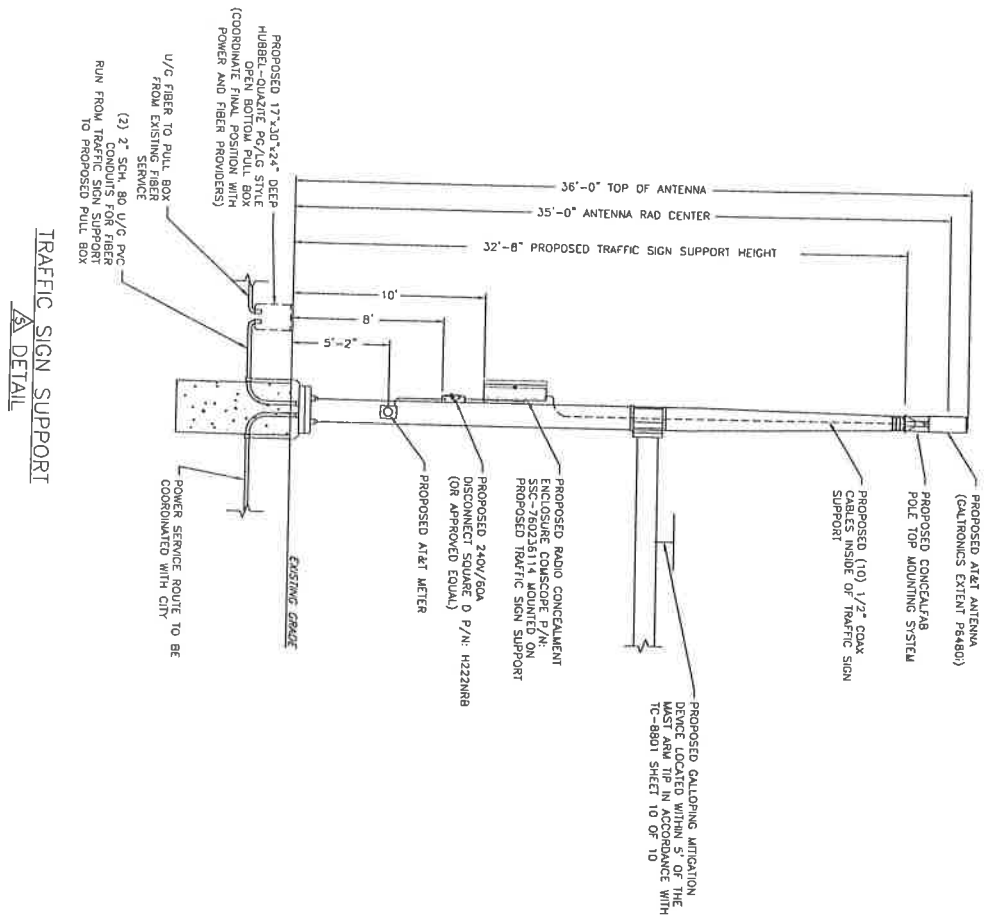
Date: Please provide the date on which the application was signed.

Signed By: Please provide the signature of the named municipal contact.

Title of Signatory: Please provide the title of municipal contact.

Witness or Attest: Please provide the signature of the person witnessing or attesting the signature.

Witness or Attester: Please provide the title of the person witnessing or attesting the signature.



OS/HC/	COUNTY	ROUTE	SECTION	SHEET
4-0	WYOMING			
CITY OF WILKES-BARRIE				
PERMIT NO. 3448		SHEET 4 OF 4		
DATE ISSUED: 03/26/93	DATE REVISED:			
REVISION NUMBER	REVISIONS	DATE	BY	
1	PERMIT AND CONDITION DURING ONLY	04/21/93	MC	
2	TRUCK PLUG ONLY	04/01/98	MC	
3	REPLACE TRUCK SOIL SUPPORT 5 ONLY	12/27/16	JOL	

REPLACE TRAFFIC SIGN
SUPPORT 5 ONLY

PREPARED BY:
L&V ENGINEERING, LLC

COUNTY: LUZERNE

MUNICIPALITY: CITY OF WILKES-BARRE

INTERSECTION: SPRING STREET (S.R. 6309) AND

SINCE

100

MUNICIPAL OFFICIAL

INTERVIEWER:

DISTRICT TRAFFIC ENGINEER



Resolution No. _____

Wilkes-Barre, PA _____

BE IT RESOLVED by the City Council of the City of Wilkes-Barre:

BE IT RESOLVED by the City Council of the City of Wilkes-Barre:

WHEREAS, the City of Wilkes-Barre is desirous to purchase Miscellaneous Fire Equipment through the PA COSTARS Contract Number: 012-013 for the Bureau of Fire.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Wilkes-Barre, that the proper city officials are hereby authorized to enter in to an agreement with Witmer Public Safety Group 104 Independence Way Coatsville, PA 19320 for the purchase Miscellaneous Fire Equipment in the amount of \$49,909.50.

Payment will come from the Office of Economic and Community Development.

Submitted by _____

ROLL CALL



Commonwealth of Pennsylvania
Department of General Services
Bureau of Procurement
555 Walnut Street, 6th Floor
Harrisburg, PA 17101-1914

Toll Free Telephone: 1-866-768-7827
Local Telephone: 717-346-9009
Fax: 717-783-6241
Email: GS-PACostars@state.pa.us
Website: www.costars.state.pa.us

Date: 05/09/2019

Witmer Public Safety Group, Inc., d/g/a The FireStore and Officestore
Attn: Jeff Trego
104 Independence Way
Coatesville, PA 19320-1653

Subject: COSTARS Participation -- Renewal Confirmation
Contract Number: 012-013 - Emergency Responder Equipment and Supplies

Dear Contractor:

The Department of General Services, Bureau of Procurement, has received your payment of the \$1500.00 administrative fee required to renew your COSTARS participation for contract number 012-013. This will confirm that your company is authorized to continue to sell the awarded items/services under this contract to registered COSTARS members for the contract term 06/15/2010 through 06/15/2020 .

Thank you for your continued participation in the COSTARS Program. Should you have any questions, please contact COSTARS Program staff by email to GS-PACostars@pa.gov or toll-free telephone at 1.866.768.7827.

Regards,

Kathy Garman
(P): 717-346-4056
(F) :717-783-6241
E-Mail: katgarman@pa.gov

**Witmer Public Safety Group**

104 Independence Way
Coatesville, PA 19320
Phone: (610) 857-8070
ctressler@thefirestore.com

Quote ID: 595733
Date: 10/14/2019
Sales Person: CHAD T
Customer Id: WILFIR11

Bill To:

Wilkes-Barre Fire Dept.
20-22 E. Ross Street
Wilkes-Barre PA 18702

Phone:

E-Mail: jdefaney@wilkes-barre.pa.us

Ship To:

Wilkes-Barre Fire Headquarters
Attn: Alan Klapat
20-22 East Ross Street
Wilkes-Barre PA 18701

New TDA final

Quantity	Item ID	Description	Unit	Amount
2	MISC	MSA Pack per Wilkes-Barre Spec	4,900.00	9,800.00
2	MSA-10156459	MSA G1 Facepiece Assembly for Fire Service Medium Hycar Medium Nosecup 4 Point Adjustable Speed On Harness NO Cloth Neckstrap Fixed Regulator Connection	295.00	590.00
6	MSA-10175707	MSA G1 SCBA Cylinder H30 Super Lite Carbon Fiber Cylinder Remote Connection 4500 PSI 30 Minute Rating With Quick Connect Cylinder Adapter Installed	825.00	4,950.00
1	TV406-506A	VentMaster Fire/Rescue Cutoff Saw, Model 375K With Depth Gauge and Blade; 14" All-Cut Rescue Diamond	1,858.00	1,858.00
1	TV406-507A	VentMaster Fire/Rescue Cutoff Saw, Model 397K-DG w/ Depth Gauge & 14" All-Cut Rescue	2,374.00	2,374.00
1	PB-30	FireHooks Pro Bar Halligan Tool, 30" Length	215.00	215.00
1	BL5500-2PK	RAMFAN EX50Li Battery Powered Ventilator Includes: (1) EX50Li Ventilator; (2) 40V 6Ah Battery Packs and (1) Carrying Strap	3,500.00	3,500.00
2	531-540-2	Gemtor Ladder/Escapes Pompier Belt, NFPA, Size M w/ 18" Extension, Fits 40"-46"	171.00	342.00
2	531-540-3	Gemtor Ladder/Escapes Pompier Belt, NFPA, Size L w/ 18" Extension, Fits 44"-50"	171.00	342.00
2	531-540-4	Gemtor Ladder/Escapes Pompier Belt, NFPA, Size XL w/ 18" Extension, Fits 46"-52"	171.00	342.00
1	JSA-200	Junkin Plastic Splint Stretcher, Yellow	597.00	597.00
1	B570	Amerex Class D Fire Extinguisher, 30 lb. Sodium Chloride Based Dry Powder	478.00	478.00
1	A411	Amerex ABC Dry Chemical 20lb. Fire Extinguisher w/ Wall Bracket	113.00	113.00
1	HOT-STICK	Hotstick USA AC Current Sensor ****MUST INCLUDE DVD****	305.00	305.00
2	WCH-1	Line 2 Design Adjustable Watercan Harness, Black	35.00	70.00



Witmer Public Safety Group

104 Independence Way
Coatesville, PA 19320
Phone: (610) 857-8070
ctressler@thefirestore.com

Quote ID: 595733
Date: 10/14/2019
Sales Person: CHAD T
Customer Id: WILFIR11

New TDA final

Quantity	Item ID	Description	Unit	Amount
2	240	Amerex 2.5 Gallon Pressurized Water Extinguisher Not Charged	97.00	194.00
2	QT-XW0M-R-Y-NA	BW Technologies GasAlertQuattro % LEL, O2, CO, Rechargeable Version Yellow Housing	658.00	1,316.00
1	900-A-24	Duo-Safety 900-A 24' 2-Section Extension Ladder Aluminum	569.00	569.00
1	875-DR-16	Duo-Safety 16' Series 875-DR Double Ended Roof Ladder	415.00	415.00
10	USW7501A	Universal Spanner Wrench, Aluminum, Non-Folding	13.00	130.00
2	HTV-12X12-18V-R	Husky Salvage Cover, 18 oz. Vinyl Color: Red, Size: 12' x 12'	109.00	218.00
	FDT-12X14-10	Fol-Da-Tank Salvage Cover, 10 oz. Vinyl, 12' x 14' RED	89.00	0.00
2	TV415-002	Tempest Raptor Carbide Chain 20" Loop .404 Pitch	271.00	542.00
5	TV406-009	Tempest 14" Abrasive Blade for Steel / Metal Cutoff Saw	20.50	102.50
2	N-68-553	Nupla 48" Classic Screw-In Adaptor Handle fits Broom/Mop, End Cap	16.50	33.00
2	N-68-040	Nupla Broom Head, 18" Wide	27.50	55.00
2	N-72-071	Nupla Ergo Power Square-Point Shovel, 48"	29.00	58.00
1	CMC-509001	CMC Kit, Lockout/Tagout, Panduit	299.00	299.00
2	73701-0101	Flir K2 160x120 Thermal Camera Kit Kit Includes: Thermal Imaging Camera (TIC) (2) Li-Ion Batteries, Battery Charger w/ Power Supply, Lanyard Strap, USB Cable, Documentation on CD-ROM	999.00	1,998.00
2	T199414ACC	Flir Truck Charger for K2 Thermal Camera	299.00	598.00
1	KTSEARCH61MSES	Stirling FDNY Search Kit Kit Includes - 200' of SearchLite rope with heat resistant directional cones, Locking double action Aluminum Swivel Snaphook, Vinyl search bag with quick release buckle	440.00	440.00
1	MISC	DEWALT 20V MAX Cordless Reciprocating Saw Kit (DCS380PI)	249.00	249.00
1	MISC	DEWALT DCG412B 20-Volt MAX Li-Ion Cut Off Tool (Tool Only) with DCB230C 20V Battery Pack	205.00	205.00
1	MISC	DEWALT 20V MAX Cordless Drill / Driver Kit, Brushless, 1/2-Inch (DCD791D2)	192.00	192.00
1	MISC	Mount Equipent to new TDA	10,000.00	10,000.00



Witmer Public Safety Group

104 Independence Way
Coatesville, PA 19320
Phone: (610) 857-8070
ctressler@thefirestore.com

Quote ID: 595733
Date: 10/14/2019
Sales Person: CHAD T
Customer Id: WILFIR11

New TDA final

Quantity	Item ID	Description	Unit	Amount
1	MSA-10169711	MSA G1 RIT Kit Complete with the Following: 4500 psi RIT SCBA with Quick Connect Cylinder Connection, Medium G1 Facepiece Less Neckstrap, G1 2nd Stage Regulator with Purge Button, 6' Quick Fill URC Hose, 6' Extendaire II Hose with 2013 Edition Buddy Breather Fittings, and Remote Pressure Gauge. Note: Configuration is Less Cylinder and Carrying Bag.	4,125.00	4,125.00
1	TN-RBL303	True North L3 Lite Speed RIT Bag, Red		0.00
1	MSA-10175710	MSA G1 SCBA Cylinder H-60 Super Lite Carbon Fiber Cylinder Remote Connection 4500 PSI 60 Minute Rating With Quick Connect Cylinder Adapter Installed	1,295.00	1,295.00
1	OSA-FREIGHT	Freight Charge (Will be added at time of invoice) Freight is an estimate and will have to be finalized at time of order Costars#012-013	1,000.00	1,000.00

ACCEPTANCE OF QUOTATION

The above prices, specifications, and conditions
are satisfactory and are hereby accepted.

Signature: _____

Date: _____

Quotation is valid until November 13, 2019

Subtotal: 49,909.50

Freight:

Tax: 0.00

Total: 49,909.50



OfficerStore



theEMSstore

GIDEON
TACTICAL

OurDesigns



Resolution No. _____

Wilkes-Barre, PA _____

BE IT RESOLVED by the City Council of the City of Wilkes-Barre:

WHEREAS, the Fire Department of the City of Wilkes-Barre wishes to update its vehicle fleet by purchasing a 2020 Pierce Enforcer 107' Ascendant Tractor Drawn Aerial Ladder through the PA COSTARS Program (Contract Number 013-055).

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Wilkes-Barre, that the proper city officials are hereby authorized to enter in to an agreement with Glick Fire Equipment Company, Inc. 350 Bird in Hand, PA 17505 for the purchase of a 2020 Pierce Enforcer 107' Ascendant Tractor Drawn Aerial Ladder in the amount of \$1,188,334.00.

Payment will come from the Office of Economic and Community Development and the Local Share Account Fund (Gaming Funds).

Submitted by _____

ROLL CALL



Resolution No. _____

Wilkes-Barre, PA _____

BE IT RESOLVED by the City Council of the City of Wilkes-Barre:

Authorizing the proper city officials to enter into a lease agreement for the purchase of a 2020 Mack tandem axle dump truck, fully equipped with a plow and salt spreader, for a purchase price of \$180,827.00. The purchase will be procured through the Pennsylvania State Co-Stars Program (Triple Cities Acquisitions, LLC Co-Star #:025-036) and be funded by the City's Liquid Fuels Account.

Submitted by _____

ROLL CALL

MACK



PRICING SUMMARY GRANITE 64BR

VEHICLE PRICE

BASE SELLING PRICE

\$133,998.70

EXTERNAL LOCALS 14'

GALION 13 1/2' BODY - PLOW - SPREADER

Revised Body Quote - 47,153.00

~~\$48,326.00~~

TAX SUMMARY

FRET

AMT. SUBJECT TO TAX

~~\$176,324.70~~

\$0.00

Tire Tax Credit

N/A

\$(324.70)

TOTAL SELLING PRICE (PER UNIT)

~~\$176,000.00~~

180,827.00

CITY OF WILKES BARRE

DATE

Tim Leahy
TRIPLE CITIES ACQUISITION LLC

10/15/19
DATE

PRICELIST DATE
20180803

QUOTATION
TRIP2017000019A447

DATE
8/27/2018

CUSTOMER NAME
CITY OF WILKES BARRE

DEALER NAME
TRIPLE CITIES ACQUISITION LLC



TRIPLE CITIES ACQUISITIONS, LLC.
DBA TRIPLE CITIES MACK SALES & SERVICE

76 Frederick Street
 Binghamton, NY 13901
 Phone: (607) 723-7481
 Fax: (607) 723-9308

319 Greenridge Street
 Scranton, PA 18509
 Phone: (570) 342-0208
 Fax: (570) 342-7934

PURCHASER'S NAME CITY OF WILKES-BARRE SOC. SEC. NO. _____ DATE 10/15/19
 PURCHASER'S ADDRESS 40 E. MARKET ST. D/O/B _____ RESIDENCE PHONE _____
 CITY, STATE & ZIP WILKES-BARRE, Pa. 18711 LIC. NO. _____ BUSINESS PHONE 570-208-4177

VEHICLE BEING PURCHASED

PLEASE ENTER MY ORDER
 FOR THE FOLLOWING:

☒ NEW ☐ CAR
☐ USED ☒ TRUCK
☐ DEMO ☐

STOCK NO. _____

YEAR 2020 MAKE MAK MILEAGE _____

MODEL OR SERIES 64BR BODY TYPE _____
 COLOR white TRIM _____

M.V.I. OR SER. NO. MO16836 ENG. TYPE 425 HP

TO BE DELIVERED ON OR ABOUT 3-6 months SALESMAN TIM LEAHEY

IF A NEW VEHICLE SALE...

The only warranties applying to this vehicle are those offered by the manufacturer.

IF USED VEHICLE SALE-

☐ If this motor vehicle is classified as a used motor vehicle, the dealer named above certifies that the entire vehicle is in condition and repair to render, under normal use, satisfactory and adequate service upon the public highway at the time of delivery; or

☐ AS IS: this Vehicle is sold "as is" by us. This motor vehicle is sold as is without any warranty. The purchaser will bear the entire expense of repairing or correcting any defects that presently exist or that may occur in the Vehicle.

CONTRACTUAL DISCLOSURE STATEMENT FOR USED VEHICLE ONLY

"The information you see on the window form for this vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale."

USED VEHICLE TRADED IN AND/OR OTHER CREDIT

YEAR _____ MAKE OF TRADE-IN _____ MILEAGE _____

MODEL OR SERIES _____ BODY TYPE _____
 COLOR _____ TRIM _____

A.V.I. OR SER. NO. _____ ENG. TYPE _____

Balance Owed To: _____

Address: _____

Used Trade-In Allowance \$ X

Balance Owed on Trade-In \$ X

Net Allowance on Used Trade-In \$ _____

Deposit or Credit Balance \$ _____

Cash With Order \$ _____

TOTAL CREDIT (Transfer to Right Column) \$ _____

CASH DELIVERED PRICE OF VEHICLE

\$ 133,674.00

PER QUOTE 8/27/18
TRIP 2017 000019A447

ADDITIONAL EQUIPMENT (Options)

\$ 47,153.00

CALION - 14' x 43' x 83
Dump Body - Plow &
Spreader Per Powells
QUOTE # 18538

OUR COSTAR # - 025-036
POWELLS COSTAR # - 025090

FEDERAL EXCISE TAX

PA TIRE TAX

**ALL DEPOSITS ARE NON-REFUNDABLE AND
 BECOME PROPERTY OF TRIPLE CITIES MACK
 SALES & SERVICE AS LIQUIDATED DAMAGES**

IF VEHICLE PURCHASE IS CANCELLED.

Cash Price of Vehicle & Accessories \$ 180,827.00

STATE AND LOCAL TAXES (If any) _____

Documentary Fee _____

License, License Transfer,
 Title, Registration Fee _____

TOTAL PRICE OF UNIT \$ 180,827.00

TOTAL CREDIT (TRANSFERRED FROM LEFT COLUMN) \$ _____

UNPAID CASH BALANCE DUE ON DELIVERY \$ 180,827.00

Purchaser agrees that his Order on the face and reverse side hereof and any attachments hereto includes all the terms and conditions, that this Order cancels and supersedes any prior agreements and as of the date hereof comprises the complete and exclusive statement of the terms of the agreement relating to the subject matters covered hereby, and that THIS ORDER SHALL NOT BECOME BINDING UNTIL ACCEPTED BY DEALER OR HIS AUTHORIZED REPRESENTATIVE. Purchaser by his execution of this Order acknowledges that he has read its terms and conditions and has received a true copy of the Order. IF A DOCUMENTARY FEE OR PREPARATION CHARGE IS MADE, YOU HAVE A RIGHT TO A WRITTEN ITEMIZED PRICE FOR EACH SPECIFIC SERVICE PERFORMED. Dealers may not charge customers for services which are paid for by the manufacturer.

Accepted By: 10/15/19 Tim Leahey
 Date Dealer or His Authorized Representative

Date

Purchaser's Signature



Powell's Sales and Service, Inc.

740 Justus Boulevard
Scott Township, PA 18411

Estimate

Date	Estimate #
4/22/2019	18538
Rep	
HPM	

Name / Address
Triple Cities Acquisition, LLC 319 Greenridge Street Scranton, PA 18519

Project	
Description	Qty
City of Wilkes-Barre-Tandem Axle Cab Chassis, with a Painted, Carbon Steel Dump Body. Pricing As Per COSTARS 25 - Municipal Work Vehicles Powell's Contract # - COSTARS 025-090 Powell's State Vendor # 136442	
10'x42" Mild Steel Full Trip Power Angle Muni Plow, Integral Shield, 3" Cylinder, DROP PIN	1
36" markers pair	1
10' Rubber deflector	1
Labor-snow plow	
Freight Charge	
Hitch Ass, Drop Pin, w/ 3" cyl	1
Labor- Plow Hitch and side plate bracing	
Galion Model 500T (14" x 43" x 53") steel dump body ,with an air-operated tail gate, telescopic hoist, 1/2 cab shield, tarp rail. LED Lighting. and center-mounted coal door in the tail gate.	1
Labor - Dump Body	
Paint shop labor- Paint Dump Body with Black acrylic enamel over the top of the factory black powder coating.	
Freight Charge	
Central Hydraulic System, installed. to Operate Dump Body, Spreader, Power Reversible Snow Plow - Tandem Hydraulic Gear Pump-Driven off the the Allison Automatic Transmission PTO.	1
Cable Controls, Manual Spreader Valve (Both Console-Mounted, inside the Chassis Cab, Conviently located for Operator Comfort) - 30 Gallon Oil Tank - Quick Couplers To Front and Rear of the Truck.	
Buyers Salt Dogg Stainless Steel Under Tailgate Spreader 96" Direct Drive 6" Auger Hydraulic Lock Out	1
Tailgate Side Sheilds, Sold as a Pair.	1
Labor- Spreader	
Labor and materials for ladder and grab handle installation.	1
Six LED Strobe Lights - Four In Cab Shield - Two In Rear Body Posts. installed.	1
Spreader Light. installed.	1
Labor and materials-DOT Reflective Tape - Both Sides and rear of Dump Body. installed.	1
24" Underbody Toolbox (Steel), installed.	1
Total	
Phone #	Fax #
(570) 587-2743	(570) 586-6553
Web Site	
www.powellsequip.com	

Powell's Sales and Service, Inc.

740 Justus Boulevard
Scott Township, PA 18411

Estimate

Date	Estimate #
4/22/2019	18538
Rep	
HPM	

Name / Address
Triple Cities Acquisition, LLC 319 Greenridge Street Scranton, PA 18519

[illegible]