

**NON DISCLOSURE FORM
FOR THE
BOONE COUNTY EMERGENCY COMMUNICATIONS CENTER**

REQUESTED BY: _____

Company Name: _____

**PROJECT: BOONE COUNTY EMERGENCY COMMUNICATIONS FACILITY
BID NO.: 44-11DEC14**

Date: _____

Boone County owns the rights to the drawings and specifications for the security and technology system design (Bid Set Volume 2 of 2) as listed below and are transmitted *for the specific purpose of the above referenced Company (herein referred to as "Company") providing a Construction Bid related to the referenced project* and may not be modified, copied or reproduced in any form or manner, nor assigned to another individual or entity without express written consent from Boone County, for any reason other than for the purpose of the Company's Bidding preparations.

All General Contractors intending to bid on the project will be required to limit the sharing of the security system design data (Bid Set Volume 2 of 2) to only those sub-contractors and suppliers necessary for this portion of the work. The General Contractor is responsible for coordination of this work.

In return for use of these files, the Company agrees to integrate costs for the purchase and installation of the CCTV and Access Control systems, as well as costs for electrical infrastructure components to support these systems into their bid.

The Company agrees to abide by the above stated restrictions regarding use and information sharing of the security and technology system documents (Bid Set Volume 2 of 2).

The Company acknowledges that Bid Set Volume 2 of 2 is part of the complete documents set for the project and must be correlated and coordinated with Bid Set Volume 1 of 2.

Boone County reserves the right to modify, correct and change the original documents as needed.

Upon receipt of the security system design (Bid Set Volume 2 of 2),

I, _____ (name) acknowledge as,

the _____ (title) of

_____ (Company),

Federal Tax ID No.: _____

that I understand that the said files are for my bidding preparations and agree to the conditions of the above statement.

Signature

Date

Printed Name and Title

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 2014

NOTARY PUBLIC (SEAL)

My commission expires:

Personally Known _____

Produced Identification _____

Type _____

Attach to this form a list of three previous commercial or institutional projects of similar scope. Return Completed Form to: mboobbitt@boonecountymmo.org or fax: 573-886-4392.

FOR OFFICE USE ONLY

Approval to Issue By _____