

Jacksonville School District #117

211 W. State St
Jacksonville, Illinois 62650
Office: (217) 243-9411
Fax: (217) 243-6844

Mike McGiles
Director of Operations



February 20, 2020

Dear Ms. DeLoe (Postal Source),

Thank you for writing to Jacksonville School District 117 with your request for information pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq.

On February 18, 2020, you requested the following records:

- Lease agreements on all mailing equipment.

As the FOIA Officer for Jacksonville School District 117 I am writing to inform you that your request is granted (please see the information attached).

You have a right to have the response to your request reviewed by the Public Access Counselor (PAC) at the Office of the Illinois Attorney General. 5 ILCS 140/9.5(a). You can file your Request for Review with the PAC by writing to:

Public Access Counselor
Office of the Attorney General
500 South 2nd Street
Springfield, Illinois 62706
Fax: 217-782-1396
E-mail: publicaccess@atg.state.il.us

If you choose to file a Request for Review with the PAC, you must do so within 60 calendar days of the date of this denial. 5 ILCS 140/9.5(a). Please note that you must include a copy of your original FOIA request and this denial letter when filing a Request for Review with the PAC.

Thank you for your interest in Jacksonville School District #117. If I can be of further assistance to you, please let me know.

Sincerely,

Mike McGiles
Director of Operations
FOIA Officer
Jacksonville School District 117
(217) 243-9411
mmcgiles@jsd117.org

***Celebrating 150 years
1867 – 2017***

FEB 18 2020

RECEIVED

Jacksonville School District #117
516 Jordan Street
Jacksonville, IL 62650
217-243-9411

Policy 2:250-E1

FOIA - Written Request for District Records

All requests to inspect and/or to obtain a copy of District records must be made in writing. Please submit the following completed request to the Superintendent.

Dear Superintendent,

I/We are hereby requesting that I/We:

_____ Inspect the following records in the District's Administrative office

X _____ Receive copies of the following records (Please indicate mail, fax or personal pickup) Email

| | | | |
|---|-----------|--------------|----------------------|
| <u>Shana Dewe</u> | | | <u>Postal Source</u> |
| Name of Individual(s) Requesting District Records | | | Organization |
| <u>21130 Holden Dr</u> | | | <u>563-949-6071</u> |
| Address | | | Telephone Number |
| <u>Davenport</u> | <u>IA</u> | <u>52806</u> | <u>2/17/20</u> |
| City | State | Zip | Date of Request |

Shana Dewe

Signature(s) of Requester(s)

2/17/20

Date

Staff Instructions:

1. If this request was received in another form, attach the document to this completed form.
2. Calculate copy fee. Records must be approved for release and any copy fees paid in advance of duplication.
3. Submit to Superintendent

| Record Description (Please be specific) | Copy Requested | Copy Fee * | To be mailed | To be picked up |
|---|----------------|------------|--------------|-----------------|
| 1. <u>Lease Agreement Mailing Eq.</u> | | | <u>Email</u> | |
| 2. | | | | |
| 3. | | | | |
| Total Fee: | | | | |

PITNEY BOWES GLOBAL FINANCIAL SERVICES AGREEMENT
NJPA STATE & LOCAL FMV LEASE, Contract #043012-PIT

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Agreement Number

Your Business Information

JACKSONVILLE HIGH SCHOOL

| | | |
|---|------------------------------|---------------------|
| Full Legal Name of Lessee | DBA Name of Lessee | Tax ID # (FEIN/TIN) |
| 1211 N DIAMOND | JACKSONVILLE | IL 62650-1299 |
| Billing Address: Street | City | State Zip+4 |
| | | 15664514864 |
| Billing Contact Name | Billing Contact Phone # | Billing CAN # |
| 1211 N DIAMOND | JACKSONVILLE | IL 62650-1299 |
| Installation Address (If different from billing address) : Street | City | State Zip+4 |
| | | 15664514864 |
| Installation Contact Name | Installation Contact Phone # | Installation CAN # |
| | | |

Fiscal Period (from - to)

Customer PO #

Delivery CAN #

Your Business Needs

| Qty | Business Solution Description | Check items to be included in customer's payment |
|-----|---------------------------------------|--|
| 1 | Mail Stream Solution - 1 | <input checked="" type="checkbox"/> Service Level Agreement |
| 1 | Connect+ 1000 Series | Tier 2 - Provides Standard SLA plus Training and printhead replacement |
| 1 | Connect+ Series Meter w/PP (NTF) | <input type="checkbox"/> Software Maintenance (additional terms apply) - Provides revision updates & technical assistance |
| 1 | 130 LPM Feature | <input checked="" type="checkbox"/> Soft-Guard® Subscription - Provides postal and carrier updates |
| 1 | 5 lb Interfaced Weighing | If you do not choose Soft-Guard protection with your lease, you will automatically receive updates at PBI's current rates. |
| 1 | Connect+ Analytics (Max 100 Accounts) | <input checked="" type="checkbox"/> IntelliLink® Subscription/ Meter Rental - Provides simplified billing and includes postage resets |
| 1 | 10 in. Display - Standard Apps Center | () Value Based Services |
| 1 | Connect+ Mono Printer | (x) Purchase Power® credit line |
| 1 | Connect+ Drop Stacker | <input type="checkbox"/> Permit Mail Payment Service - Allows you to consolidate permit postage with metered postage under one account. As a permit mail user, we need USPS forms 6001, 6002, and 6003, along with the Permit Enrollment form, to activate your Permit Mail Payment service. |
| 1 | pbSmartPostage Free | <input type="checkbox"/> YES PBGFS ValueMAX® Program |
| 1 | IntelliLink Subscription | (x) No Enrollment (I will provide proof of insurance within the next 30 days as noted in paragraph L9) |
| 1 | 15lb Scale Platform/Stand | |

Your Payment Plan

| Number Of Months | Monthly Amount | Billed Quarterly At* |
|------------------|----------------|----------------------|
| First 60 | \$248.63 | \$745.89 |

*Does not include any applicable taxes; payment plans begin after any applicable Interim Usage Period

() Required advance check of \$() received
Tax Exempt# State Tax (If applicable)
(x) Tax Exempt Certificate Attached
() Tax Exempt Certificate Not Required

Your Signature Below

Non-Appropriations. You warrant that you have funds available to pay all payments until the end of your current fiscal period, and shall use your best efforts to obtain funds to pay all payments in each subsequent fiscal period through the end of your Lease Term. If your appropriation request to your legislative body, or funding authority ("Governing Body") for funds to pay the payments is denied, you may terminate this Lease on the last day of the fiscal period for which funds have been appropriated, upon (i) submission of documentation reasonably satisfactory to us evidencing the Governing Body's denial of an appropriation sufficient to continue this Lease for the next succeeding fiscal period, and (ii) satisfaction of all charges and obligations under this Lease incurred through the end of the fiscal period for which funds have been appropriated, including the return of the Equipment at your expense.

By signing below, you agree to be bound by all the terms and conditions of this Agreement, including those located in the NJPA Contract Number 043012-PIT, effective date July 11, 2012 which are available at www.pb.com/states/njpa and are incorporated by reference. The lease will be binding on PBGFS only after PBGFS has completed its credit and documentation approval process and an authorized PBGFS employee signs below. The lease requires you either to provide proof of insurance or instead participate in the Pitney Bowes ValueMAX equipment protection program (see paragraph L9 page 2) for an additional fee.

Jamie L. Hadjan CFO 3/19/15
Customer Signature Date
Jamie L. Hadjan CFO
Print Name Title

jhadjan@jsh117.com
Email Address

Sales Information

Gregory R. Kirk

014

Account Rep Name

District Office

PBGFS Acceptance

(C0187745.3)

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See www.pb.com/states/njpa for additional terms and conditions

PBGFS NJPA SLG FMV Lease Agreement (Version 3/12)

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