



MR# \_\_\_\_\_  
Assigned by Purchasing Div.

## MODIFICATION (WAIVER) REQUEST

Requesting Department & Division	Contact Name		Telephone #
Department Head Signature	Date	Original RQ #	Estimated Cost
<i>Katie Koester</i>			\$
Is this Procurement State or Federally funded?	YES	NO	

### Reason for Modification Request:

*Please complete this form and attach all supporting documents.  
Give complete, accurate, detailed explanation of your request. Please be specific.*

ect.

**Sole Source:** The purchase of a commodity or service from the only known single source. *Attach verification.*  
**Code Provision:** [53.50.090 \(c\)](#) It interprets all troubleshoot codes and is used by Fleet mechanics on a daily basis.

**Class 2 Emergency:** A circumstance that poses a threat to the health, welfare or safety of the public.  
**Code Provision:** [53.50.090 \(L\)](#)

**Rider to Another Contract:** A vendor may extend another government agency's bid or contract pricing to CBJ. The proposed purchase must meet CBJ purchasing requirements and must have been competitively bid.  
**Code Provision:** [53.50.090 \(f\)](#) **Agency:** \_\_\_\_\_ **Contract #:** \_\_\_\_\_

**No Substitute:** A request for a specific brand name and model number of a particular item to be purchased. The item must be available from more than one supplier.

**Other:** Clear explanation is required. **Code Provision:** (if applicable) \_\_\_\_\_

**Explanation:**

**Approved By:**

\_\_\_\_\_  
**Purchasing Officer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**City Manager**

\_\_\_\_\_  
**Date**

FY	RQ	\$ Amount	PO #	Purchasing Approval

**Purchasing Officer Comments:**

**Expiration Date:** \_\_\_\_\_

## Yana White

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**From:** Moore, Aaron C <Aaron.Moore2@snapon.com>  
**Sent:** Monday, August 28, 2023 11:24 AM  
**To:** Yana White  
**Subject:** Aaron Cody Moore Authorized Snap On Tool dealer for Southeast Alaska

Hello Yana,

Just wanted to Verify with you that I am the only Authorized Snap-On Tool dealer here is Juneau AK and all of Southeast Alaska. If you have any questions about services or anything else please let me know and I would be happy to assist you.

Thanks,

*CODY MOORE  
MOORE TOOLS & EQUIPMENT LLC  
DBA Authorized Snap On Tool Dealer  
(907)-205-1255  
AARON.MOORE2@SNAPON.COM*



Snap-on Tools Quote

Quote Date - 8/21/2023 11:48:27

Sold By: AARON MOORE
Address: 3235 BRESEE ST. UNIT C3
JUNEAU, AK 99801-

Sold To: JUNEAU PUBLIC WORKS
Address: 7100 GLACIER HWY
JUNEAU, AK 99801-

Account Type: RA
Invoice #: 0821235515Q

Phone: 907-205-1255

Phone: 907-586-5247

Tax Exempt #:

PO #:

Table with 7 columns: Part #, Qty, Description, Line Type, Price, Discount, Total, Tax. Rows include EEMS348EUR (1 ZEUS PLUS), USED SCAN TOOL (-1 USED SCAN TOOL), CUSTOMER LOYALTY (-1 CUSTOMER LOYALTY PROMO), and EEMS348H (1 ZEUS PLUS DATA PLAN 1 YR FULL).

- Wear safety goggles
Use the right tool
Use the tool properly
Maintain the tool regularly

Summary table with 2 columns: Description, Amount. Rows: SubTotal (10,940.00), JUNEAU, AK 5.00 % Tax (0.00), Freight (0.00), Grand Total (10,940.00).

THANK YOU FOR YOUR PURCHASE TODAY!

PLEASE MAKE ALL CHECKS PAYABLE TO

MOORE TOOLS & EQUIPMENT LLC

Table with 7 columns: AccountType, Previous Balance, Balance as of, Purchases, Total, Payment, New Balance. Rows for RA and SUB 124672742.

Your Next RA Payment Will Include: 0.00
Your Agreed Upon Weekly Payment Is: 1,408.80
Your Next RA Payment Will Be: 1,408.80

For value received, the Purchaser, as continuing security for the repayment of all obligations now or hereafter owing to the Franchisee, including, without limitation, the prompt payment, as and when due, of the purchase price of the PMSI Collateral (as hereinafter defined), and the performance of all of the obligations, covenants and warranties of the Purchaser to the Franchisee hereunder, hereby grants to the Franchisee a continuing specific and fixed purchase money security interest in all products supplied, sold or provided to the Purchaser by the Franchisee, including the tools listed above, and including all accretions, substitutions, replacements, additions and accessions thereto and all Proceeds thereof (the "PMSI Collateral"). I agree that the Franchisee named above or its assigns shall retain a Purchase Money Security Interest in the PMSI Collateral until I have made all the promised payments, at which time Franchisee's security interest shall be released. If I fail to make any of the payments specified, I agree to return the PMSI Collateral to the Franchisee or its assigns on demand. Until all payments are made, I agree to retain the PMSI Collateral in my possession in good condition and to notify the Franchisee of any changes in employment or home address. In the event that I fail to make the promised payments and the Franchisee must resort to civil litigation to obtain return of or payment for the PMSI Collateral, I shall be held responsible for the costs of such litigation including reasonable attorneys' fees.

X

X