

**RANGELY**  
MAY 1994

**TOWN OF RANGELY**

209 EAST MAIN STREET  
RANGELY, COLORADO 81648  
PHONE: (970) 675-8476

BANK OF THE SAN JUANS  
(970) 675-8481  
222 WEST MAIN STREET  
RANGELY, CO 81648  
82-656/1021

8740087407

CHECK NO.

DATE

AMOUNT

6/30/2025

\*\*\*9,000.00\*\*

PAY\*\*\*Nine Thousand and 00/100 Dollars\*\*\*

TO THE  
ORDER OF FLOCK GROUP INC  
PO BOX 121923  
DALLAS TX 75312-1923

**COPY**

⑈087407⑈ ⑆102106569⑆11021011503800⑈

Town of Rangely

087407

Vendor: 3445 FLOCK GROUP INC

6/30/2025

87407

| DATE      | INVOICE # | DESCRIPTION           | AMOUNT   | GL ACCOUNT # |
|-----------|-----------|-----------------------|----------|--------------|
| 6/13/2025 | INV-66994 | license plate readers | 9,000.00 | 10-54-700    |

Total Amount:

\$9,000.00



## INVOICE

Flock Group Inc dba Flock Safety  
[www.flocksafety.com](http://www.flocksafety.com)

Invoice Number INV-66994  
Invoice Date: 6/13/2025  
Due Date: 7/13/2025  
Payment Terms: Net 30  
PO#:

### Payment Remittance Information

#### Pay by Check:

Payable to: Flock Group Inc  
Memo: INV-66994  
Mail to: PO Box 121923  
Dallas, TX 75312-1923

*If paying by check, please include the remittance slip below.*

#### Pay by ACH:

Account Legal Name: Flock Group Inc.  
Account Number: 3302113966  
Account Type: Checking  
Routing / SWIFT Code: 121140399 / SVBKUS6S

*If paying by ACH, please include your invoice number in the memo section of the ACH transfer request.*

Please be aware that failure to pay the invoice by the due date may result in an interest penalty or disconnection of service, as specified in your contract.

.....  
Detach and Return with Payment

#### Make Checks Payable to: Flock Group Inc

If sending via Flock Group Inc  
USPS: PO Box 121923  
Dallas, TX 75312-1923

Or

If sending via Flock Group Inc  
UPS, FedEx or 891923  
USPS: 885 East Collins Boulevard,  
Suite 110  
Richardson, TX 75081

Account: CO - Rangely PD

Invoice # INV-66994

Amount Due: **\$9,000.00**

Amount Enclosed: \$ \_\_\_\_\_

# flock safety

## INVOICE

Flock Group Inc dba Flock Safety  
[www.flocksafety.com](http://www.flocksafety.com)

Invoice Number INV-66994  
Invoice Date: 6/13/2025  
Due Date: 7/13/2025  
Payment Terms: Net 30  
PO#:

Bill CO - Rangely PD  
To: 209 E Main St  
Rangely, Colorado, 81648

Ship To: CO - Rangely PD  
209 E Main St  
Rangely, Colorado 81648

Billing Company Name: CO - Rangely PD  
Billing Contact Name: Tirynn Hamblin  
Billing Email Address: [thamblin@rangelygovt.com](mailto:thamblin@rangelygovt.com)

Payment Terms: Net 30  
Contracted Billing Structure: 100% at First Camera Validation

Notes: CO - Rangely PD: Initial Year of 24 Month Term, 2025 - 2026

*Please note a minor change to our invoices starting February 1, 2025 updating product/SKU names listed in each line item. This change is only to naming conventions and will not affect the products, functionality, or services you receive from Flock Safety. Please update your payment system to reflect these new product/SKU names as needed.*

| ITEMS                        | QTY | UNIT PRICE | SALES TAX | TOTAL      |
|------------------------------|-----|------------|-----------|------------|
| Flock Safety LPR, fka Falcon | 3   | \$3,000.00 | \$0.00    | \$9,000.00 |

Unless otherwise noted on the Order Form, the Term shall commence upon first installation and validation of Flock Hardware.  
Link to Location of Services: <https://planner.flocksafety.com/public/e2fc021a-16d7-418c-9c9d-3fe4ba09aa1b>

**Subtotal:** \$9,000.00  
**Sales Tax:** \$0.00  
**Credit:** \$0.00  
**Payments:** \$0.00  
**Balance Due:** \$9,000.00

If you have questions about your invoice or need to update your billing contact information, please email [billing@flocksafety.com](mailto:billing@flocksafety.com) or call 866-901-1781, option 3.

## Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

|                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--|
| Print or type.<br>See Specific Instructions on page 3.                                                                                               | <b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)<br><b>Flock Group, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |  |
|                                                                                                                                                      | <b>2</b> Business name/disregarded entity name, if different from above.<br><b>Flock Safety</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |  |
|                                                                                                                                                      | <b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.<br><input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)<br>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.<br><input type="checkbox"/> Other (see instructions) |                                                |  |
|                                                                                                                                                      | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any)<br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)<br>(Applies to accounts maintained outside the United States.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |  |
|                                                                                                                                                      | <b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |  |
| <b>5</b> Address (number, street, and apt. or suite no.). See instructions.<br><b>PO BOX 121923 (Remittance)      1170 Howell Mill Rd NW Ste 210</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Requester's name and address (optional)</b> |  |
| <b>6</b> City, state, and ZIP code<br><b>Dallas TX 75312-1923      Atlanta GA 30318</b>                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |  |
| <b>7</b> List account number(s) here (optional)                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |  |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|
| Social security number         |   |   |   |   |   |   |   |   |
|                                |   |   | - |   |   |   |   |   |
| or                             |   |   |   |   |   |   |   |   |
| Employer identification number |   |   |   |   |   |   |   |   |
| 8                              | 2 | - | 0 | 5 | 9 | 4 | 8 | 7 |
|                                |   |   |   |   |   |   |   |   |

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                                                     |                              |
|------------------|-----------------------------------------------------|------------------------------|
| <b>Sign Here</b> | <b>Signature of U.S. person</b> <i>Payton Newby</i> | <b>Date</b> <b>4/10/2024</b> |
|------------------|-----------------------------------------------------|------------------------------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

# Town of Rangely PURCHASE ORDER FORM

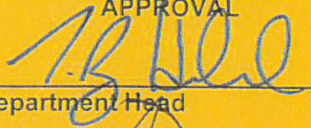
209 E. Main Street, Rangely, Co 81648 (970) 675-8476

P.O. #

Requested by: TiRynn Hamblin

Date: 6.13.25

Department: Police

| VENDOR INFORMATION            |                        | APPROVAL                                                                                               |
|-------------------------------|------------------------|--------------------------------------------------------------------------------------------------------|
| Vendor: <u>Flock Safety</u>   |                        | <br>Department Head |
| Address: <u>Po Box 121923</u> |                        |                                                                                                        |
| City: <u>Dallas</u>           | Zip Code: <u>75312</u> |                                                                                                        |
| State: <u>Tx</u>              | Fax:                   |                                                                                                        |
| Phone:                        | Email:                 | Town Manager                                                                                           |

| Invoice #    | Purpose                                                 | Account #             | Amount          |
|--------------|---------------------------------------------------------|-----------------------|-----------------|
| <u>66994</u> | <u>Capital Project CPR - Flock License plate Reader</u> | <u>10.54.700.2505</u> | <u>9,000.00</u> |
|              |                                                         |                       |                 |
|              |                                                         |                       |                 |
|              |                                                         |                       |                 |
|              |                                                         |                       |                 |
|              |                                                         |                       |                 |
| Total        |                                                         |                       | <u>9,000.00</u> |

| Quantity    | Description | Unit Cost | Total           |
|-------------|-------------|-----------|-----------------|
|             |             |           |                 |
|             |             |           |                 |
|             |             |           |                 |
|             |             |           |                 |
|             |             |           |                 |
|             |             |           |                 |
| Freight     |             |           |                 |
| TOTAL COST: |             |           | <u>9,000.00</u> |

**QUOTE INFORMATION (REQUIRED FOR PURCHASES OVER \$1000)**  
 Attach specifications and formal bids for purchases over \$5,000

|                                             |              |              |
|---------------------------------------------|--------------|--------------|
| Vendor:                                     | Vendor:      | Vendor:      |
| Quote: \$                                   | Quote: \$    | Quote: \$    |
| Single/Best Source <input type="checkbox"/> |              |              |
| Explanation:                                | Explanation: | Explanation: |
|                                             |              |              |
|                                             |              |              |
|                                             |              |              |

Attach when appropriate prior to submission to the Finance Department.

|                                             |                                       |                                       |
|---------------------------------------------|---------------------------------------|---------------------------------------|
| Invoice or receipt <input type="checkbox"/> | Packing Slip <input type="checkbox"/> | Freight Bill <input type="checkbox"/> |
|---------------------------------------------|---------------------------------------|---------------------------------------|

