NOTICE TO PROCEED

Date

Company Representative

Contractor's Name

Contractor's Address

Re: Region \_\_ Debris Removal Monitoring Services Contract Activation by \_\_\_\_\_\_\_\_ County

Dear (Company Representative):

Pursuant to the terms of the Region \_ debris removal monitoring services contract effective November 1, 2023, you (the "Contractor") are hereby given notice that \_\_\_\_\_\_\_\_\_\_\_ County is activating the contract for debris removal monitoring resulting from (brief description of disaster causing activation). As per the contract, you are required to respond to this NOTICE TO PROCEED within 24 hours of receipt of this notice. Additionally, you are required to place project personnel, including the project manager, in the county with the same 24-hour period. Please respond by contacting \_\_\_\_\_\_\_\_\_\_\_\_ directly at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ upon receipt of this NOTICE to make necessary arrangements for beginning work under this activation notice. You should also sign and date this original and return it to my attention by facsimile at (enter fax number).

As you know, your company is required to maintain professional liability insurance in the amount of $10,000,000 per occurrence. Please provide proof of this insurance prior to beginning any work under this activation.

Pursuant to the contract, you are required to provide services as provided in the Invitation to Bid as requested by the activating county. Please review this document to ensure that you remain in compliance with its terms at all times.

Your \_\_\_\_\_\_\_\_\_ County point of contact for this debris removal monitoring services project is \_\_\_\_\_\_\_\_ (name of person) with the (name of county office or department). He/she may be contacted at (telephone number and email address). \_\_\_\_\_\_\_\_\_\_\_\_\_\_ is duly authorized to administer this contract for and in the name of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ County. Any questions related to this activation should be directed to him/her.

Sincerely,

Chairman's Name

Chair, \_\_\_\_\_\_\_\_ County Commission

Contractor's Name

Received by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_