



State and Local Term Rental Agreement

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Agreement Number

Your Business Information

Full Legal Name of Lessee / DBA Name of Lessee	Tax ID # (FEIN/TIN)
CITY OF LAREDO WATER UTILITIES	746000617

Sold-To: Address
5816 DAUGHERTY AVE, LAREDO, TX, 78041-3337, US

Sold-To: Contact Name	Sold-To: Contact Phone #	Sold-To: Account #
Margarita Ayala	9567212005	0017084646

Bill-To: Address
PO BOX 210, LAREDO, TX, 78042-0210, US

Bill-To: Contact Name	Bill-To: Contact Phone #	Bill-To: Account #	Bill-To: Email
Patricia Soto	(956) 721-2005	0017084645	psoto@ci.laredo.tx.us

Ship-To: Address
5816 DAUGHERTY AVE, LAREDO, TX, 78041-3337, US

Ship-To: Contact Name	Ship-To: Contact Phone #	Ship-To: Account #
Patricia Soto	(956) 721-2005	0017084646

PO #

Your Business Needs

Qty	Item	Business Solution Description
1	OLCONNECT	OL Connect Software
1	CRM4	CRight Mailer Bus Services Suite (BSS)
1	CRM8	CRight Mailer Elec Deliv Integrated SW
	NOIT	Client Self-Install
1	PB-OL-CPRO-UPG	Upgrade to OL Connect Professional
	PB-OL-S-INTR	OL Connect Basic Installation - Training
1	SMA_TIER1	SMA Tier 1 - Software Service Agreement
	WPF1	Document Pro Svcs Level 1
	WPF4	Document Pro Svcs Level 2
	WPF5	Document Pro Svcs Level 2
	WPR1	Document Processing Project Mgmt
1	RELAY7000	Relay 7000 Inserting System
	DITU	High Cap Sheet Fdr Install and Training
	DITV	Installation and Training-Stackers

1	F700327	Special Tower Feeder Kit
3	F780183	Sheet/Flat Envelope Tray
2	F780184	Insert Tray
1	F7DI	Bottom Address Inverter Kit
1	F9PG	PowerGuard Service Package
1	STDSLA	Standard SLA-Equipment Service Agreement (for Relay 7000 Inserting System)
	TI0K	Inserter Installation & Training
1	TI70	Relay 7000 Inserting System
1	TIET	Exit Transport
1	TIHC	High Capacity Sheet Feeder
1	TIVP	Vertical Power Stacker
1	RELAY8000	Relay 8000 Inserting System
	DITU	High Cap Sheet Fdr Install and Training
	DITV	Installation and Training-Stackers
1	F700327	Special Tower Feeder Kit
3	F780183	Sheet/Flat Envelope Tray
2	F780184	Insert Tray
1	F7DI	Bottom Address Inverter Kit
1	F9PG	PowerGuard Service Package
1	STDSLA	Standard SLA-Equipment Service Agreement (for Relay 8000 Inserting System)
	TI0K	Inserter Installation & Training
1	TI80	Relay 8000 Inserting System
1	TIET	Exit Transport
1	TIHC	High Capacity Sheet Feeder
1	TIVP	Vertical Power Stacker
1	RISOGl	RISO ComColor GL Series
2	488-00050-009	Power Cord for Riso Printer
	ATSO	ATS-Onsite

1	F9PG	PowerGuard Service Package
1	RFS2	FS2100C RISO RIP w/Key,Mouse,Monitor
1	STDSLA	Standard SLA-Equipment Service Agreement (for RISO ComColor GL Series)
	WPD8	Installation of Addl Components
1	WPL9	RISO GL 9730 <500k/mo with I/T
1	WPS3	RISO ProServ GL FS2000C Fiery
1	WPTB	GL CMYKG Full Ink Package
1	WPZE	Face Down Left Exit Tray
1	WPZR	High Capacity Feeder
1	WPZU	High Capacity Stacker w/One Paper Cart

Your Payment Plan

Initial Term: 60 months	Initial Payment Amount:	
Number of Months	Monthly Amount	Billed Quarterly at*
60	\$ 7,041.33	\$ 21,123.99

\*Does not include any applicable sales, use, or property taxes which will be billed separately.  
If the equipment listed above is replacing your current meter, your current meter will be taken out of service once this lease commences.

- ☐ Tax Exempt Certificate Attached
- ☐ Tax Exempt Certificate Not Required
- ☐ Purchase Power® transaction fees included
- ☐ Purchase Power® transaction fees extra

Your Signature Below

Non-Appropriations. You warrant that you have funds available to make all payments until the end of your current fiscal period, and shall use your best efforts to obtain funds to make 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 make 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 your State's/Entity's/Cooperative's contract, including the Pitney Bowes Terms, which are available at <http://www.pb.com/states> and are incorporated by reference (collectively, this "Agreement"). The terms and conditions of this Agreement will govern this transaction and be binding on us after we have completed our credit and documentation approvals process and have signed below. The lease requires you either provide proof of insurance or participate in the ValueMAX® equipment protection program (see Section L9 of the Pitney Bowes Terms) for an additional fee. If software is included in the Order, additional terms apply which are available by clicking on the hyperlink for that software located at <http://www.pitneybowes.com/us/license-terms-of-use/software-and-subscription-terms-and-conditions.html>. Those additional terms are incorporated by reference.

BuyBoard #656-21  
State/Entity's Contract#

Lessee Signature  
Print Name  
Title  
Date  
Email Address

Pitney Bowes Signature  
Print Name  
Title  
Date

Sales Information

Stanford Todd	stanford.todd@pb.com	
Account Rep Name	Email Address	PBGFS Acceptance

8038-G

## Information Return for Tax-Exempt Governmental Bonds

Form  
(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

Under Internal Revenue Code section 149(e)  
See separate instructions.

OMB No. 1545-0047

Caution: If the issue price is under \$100,000, use Form 8038-GC.  
Go to [www.irs.gov/F8038G](http://www.irs.gov/F8038G) for instructions and the latest information.

**Part I** Reporting AuthorityCheck box if Amended Return ☐

1 Issuer's name CITY OF LAREDO WATER UTILITIES		2 Issuer's employer identification number (EIN) 746000617
3a Name of person (other than issuer) with whom the IRS may communicate about this return (see instructions)		3b Telephone number of other person shown on 3a
4 Number and street (or P.O. box if mail is not delivered to street address) 5816 DAUGHERTY AVE	Room/suite	5 Report number (For IRS Use Only) 3
6 City, town, or post office, state, and ZIP code LAREDO TX 78041-3337		7 Date of issue
8 Name of issue		9 CUSIP number
10a Name and title of officer or other employee of the issuer whom the IRS may call for more information		10b Telephone number of officer or other employee shown on 10a

**Part II** Type of Issue (enter the issue price). See the instructions and attach schedule.

11 Education . . . . .	11		
12 Health and hospital . . . . .	12		
13 Transportation . . . . .	13		
14 Public safety . . . . .	14		
15 Environment (including sewage bonds) . . . . .	15		
16 Housing . . . . .	16		
17 Utilities . . . . .	17		
18 Other. Describe . . . . .	18		
19a If bonds are TANs or RANs, check only box 19a . . . . .		<input type="checkbox"/>	
b If bonds are BANs, check only box 19b . . . . .		<input type="checkbox"/>	
20 If bonds are in the form of a lease or installment sale, check box . . . . .		<input type="checkbox"/>	

**Part III** Description of Bonds. Complete for the entire issue for which this form is being filed.

	(a) Final maturity date	(b) Issue price	(c) Stated redemption price at maturity	(d) Weighted average maturity	(e) Yield
21		\$	\$	years	%

**Part IV** Uses of Proceeds of Bond Issue (including underwriters' discount)

22 Proceeds used for accrued interest . . . . .	22		
23 Issue price of entire issue (enter amount from line 21, column (b)) . . . . .	23		
24 Proceeds used for bond issuance costs (including underwriters' discount) . . . . .	24		
25 Proceeds used for credit enhancement . . . . .	25		
26 Proceeds allocated to reasonably required reserve or replacement fund . . . . .	26		
27 Proceeds used to refund prior tax-exempt bonds. Complete Part V . . . . .	27		
28 Proceeds used to refund prior taxable bonds. Complete Part V . . . . .	28		
29 Total (add lines 24 through 28) . . . . .	29		
30 Nonrefunding proceeds of the issue (subtract line 29 from line 23 and enter amount here) . . . . .	30		

**Part V** Description of Refunded Bonds. Complete this part only for refunding bonds.

31 Enter the remaining weighted average maturity of the tax-exempt bonds to be refunded . . . . .	years
32 Enter the remaining weighted average maturity of the taxable bonds to be refunded . . . . .	years
33 Enter the last date on which the refunded tax-exempt bonds will be called (MM/DD/YYYY) . . . . .	
34 Enter the date(s) the refunded bonds were issued (MM/DD/YYYY)	

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 63773S

For **8038-G** (Rev. 10-2021)

**Part VI Miscellaneous**

<b>35</b>	Enter the amount of the state volume cap allocated to the issue under section 141(b)(5) . . . . .	<b>35</b>	
<b>36a</b>	Enter the amount of gross proceeds invested or to be invested in a guaranteed investment contract (GIC) (see instructions) . . . . .		
<b>b</b>	Enter the final maturity date of the GIC (MM/DD/YYYY) _____	<b>36a</b>	
<b>c</b>	Enter the name of the GIC provider _____		
<b>37</b>	Pooled financings: Enter the amount of the proceeds of this issue that are to be used to make loans to other governmental units . . . . .	<b>37</b>	
<b>38a</b>	If this issue is a loan made from the proceeds of another tax-exempt issue, check box <input type="checkbox"/> and enter the following information:		
<b>b</b>	Enter the date of the master pool bond (MM/DD/YYYY) _____		
<b>c</b>	Enter the EIN of the issuer of the master pool bond _____		
<b>d</b>	Enter the name of the issuer of the master pool bond _____		
<b>39</b>	If the issuer has designated the issue under section 265(b)(3)(B)(i)(III) (small issuer exception), check box . . . . .		<input type="checkbox"/>
<b>40</b>	If the issuer has elected to pay a penalty in lieu of arbitrage rebate, check box . . . . .		<input type="checkbox"/>
<b>41a</b>	If the issuer has identified a hedge, check here <input type="checkbox"/> and enter the following information:		
<b>b</b>	Name of hedge provider _____		
<b>c</b>	Type of hedge _____		
<b>d</b>	Term of hedge _____		
<b>42</b>	If the issuer has superintegrated the hedge, check box . . . . .		<input type="checkbox"/>
<b>43</b>	If the issuer has established written procedures to ensure that all nonqualified bonds of this issue are remediated according to the requirements under the Code and Regulations (see instructions), check box . . . . .		<input type="checkbox"/>
<b>44</b>	If the issuer has established written procedures to monitor the requirements of section 148, check box . . . . .		<input type="checkbox"/>
<b>45a</b>	If some portion of the proceeds was used to reimburse expenditures, check here <input type="checkbox"/> and enter the amount of reimbursement . . . . .		
<b>b</b>	Enter the date the official intent was adopted (MM/DD/YYYY) _____		

**Signature and Consent**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that I consent to the IRS's disclosure of the issuer's return information, as necessary to process this return, to the person that I have authorized above.

Signature of issuer's authorized representative
 Date
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	