

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

SAP Number

Inland Counties Emergency Medical Agency

Department Contract Representative Telephone Number Tevan Stremel
(909) 388-5830

Contractor Inyo County
 Contractor Representative Anna Scott
 Telephone Number (760) 872-3183
 Contract Term Upon execution until terminated
 Original Contract Amount Non-financial
 Amendment Amount _____
 Total Contract Amount _____
 Cost Center _____
 Grant Number (if applicable) _____

Briefly describe the general nature of the contract: Facility Use Agreement with Inyo County for use of office workspace at the Inyo County facility in Bishop, by one Inland County Emergency Medical Agency Public Service Employee to act as a liaison to Inyo County.

FOR COUNTY USE ONLY

Approved as to Legal Form

▶ _____
John Tubbs II, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

▶ _____

Date _____

Reviewed/Approved by Department

▶ _____

Date _____