

CONTRACTOR:
Defense Block Security

By: [Signature]

Name: FRED LEVIN

Title: CEO

Date: 1/19/24

COUNTY: COUNTY OF SONOMA

CERTIFICATES OF INSURANCE
REVIEWED AND ON FILE:

By: _____
Department Head or Designee

Date: _____

APPROVED AS TO FORM FOR COUNTY:

By: _____
County Counsel

Date: _____

AGREEMENT EXECUTED:

By: _____
Purchasing Agent

Date: _____