

AGENDA REQUEST FORM

Agenda Item: To consider and/or approve a contract for services between Pest Arrest and the Cleveland County Health Department.

Name of Person Submitting Request: Melody Bays, Regional Director

Address: Cleveland County Health Department
250 12th Ave. NE
Norman, OK 73071

Phone: (405) 579-2261

Date Requested: 07/20/2026

Description of Agenda Item including purpose for consideration by Board of County Commissioners (include type of Motion requested).

To consider and/or approve a contract for services between Pest Arrest and the Cleveland County Health Department. The Cleveland County Health Department agrees to pay \$125.00 Monthly service charge for an annual total of \$1,500.00 for pest control services. Pest Arrest will perform these duties at the Moore office, 424 S Eastern Ave. Moore, ●K.

This agreement is for 1 year from July 1, 2026 to June 30, 2027

Date: _____

Chairman

Vice-Chairman

Member

Attest

Deputy

ADA

Pest Arrest
P.O. Box 7426
Moore, OK 73153
405-360-7642 • 405-360-7644

Commercial Pest Control Agreement

Purchaser / Billing Address

Premises

Company Cleveland County Health Dept.
Address 250 12th Ave NE
City Norman
State OK Zip 73071
Telephone 405-579-2283

Contact Daniel Thatcher
Telephone 405-579-2283
Address 4245 Eastern Ave.
City Moore
State OK Zip 73160

☐ Multiple Locations Attach Location Listing

Pest Arrest Commercial Pest Control Service

Pest Arrest will perform regularly scheduled service at the above service address for the control of the following pests:

☒ Roaches ☒ Mice
☒ Silverfish ☒ Ants (excluding Carpenter, Pharaoh and Fire)
☒ Rats ☒ Other General Pest

Service Frequency

☒ Monthly ☐ Semi-Monthly
☐ Bi-Monthly ☐ Weekly
☐ Quarterly ☐ Other _____

ADDITIONAL SERVICE INFORMATION

Fiscal year July 1, 2026 - June 30, 2027

PAYMENT SCHEDULE

Initial Service Charge	\$ <u>125.00</u>
Regular Service Charge	\$ <u>125.00</u>
Annual Total	\$ <u>1500.00</u>
Less 10% Year Advance Payment*	\$ <u>—</u>
Total Due	\$ _____

You may recognize a 10% discount for pre-paying one year's service charge in advance.*

This is certify that Tax Exemption Certificate Number _____ has been furnished with this Agreement to Pest Arrest

This agreement is subject to the Terms and Conditions on the front and back. _____

This agreement is for an initial period of twelve months from the date of the first service and, unless canceled by the Purchaser, will automatically continue on a monthly basis until canceled by either party upon thirty (30) days notice. This agreement is not valid unless accepted by customer within 30 days of submission.

By [Signature]
Title Business Manager
Date 7-15-26

In the event you have any questions or complaints, you may contact a Pest Arrest representative by calling 405-360-7642 • 405-360-7644

Tony Jones
Pest Arrest Representative (Print name)
[Signature]
Pest Arrest Representative Signature
6-22-2026
Date