



**CITY COUNCIL REGULAR MEETING
TUESDAY, SEPTEMBER 2, 2025
HELD REMOTELY & IN PERSON AT CITY HALL
124 S. LEFEVRE ST.**

- Sign up to provide Public Comment at the meeting via calling in.
- Submit Written Public Comment Before 4 pm on (September 2, 2025) - *SEE NOTE*

Please note: To better serve our community, we are now offering Live Streaming of our Council Meetings on our YouTube channel (link is provided below). This will enable citizens who wish to just view the meeting and not participate (provide comments) to do so in the comfort of their homes. Those that wish to provide input during the citizen comment periods may join the meeting as usual via the Zoom link.

- **Join the Zoom Meeting –**
<https://us06web.zoom.us/j/87560750198?pwd=P8Qh7H3XSdwoNVaNdQw3zJyiAzHRSl.1>

Meeting ID: 875 6075 0198

Passcode: 485018

One tap mobile

+12532050468,,87560750198#,,, *485018# US

+12532158782,,87560750198#,,, *485018# US (Tacoma)

Join instructions

https://us06web.zoom.us/meetings/87560750198/invitations?signature=YvhlBvxrKa-yPY0zZ84QPbadO3iAxf82EnA_pN9S3e4

- **Watch the Live Stream on YouTube -**
<http://www.youtube.com/@CityofMedicalLake>

WRITTEN PUBLIC COMMENTS

If you wish to provide written public comments for the council meeting, please email your comments to sweathers@medical-lake.org by 4:00 p.m. the day of the council meeting and include all the following information with your comments:

1. The Meeting Date
2. Your First and Last Name
3. If you are a Medical Lake resident
4. The Agenda Item(s) which you are speaking about

*Note – If providing written comments, the comments received will be acknowledged during the public meeting, but not read. All written comments received by 4:00 p.m. will be provided to the mayor and city council members in advance of the meeting.

Questions or Need Assistance? Please contact City Hall at 509-565-5000

SEPTEMBER 2, 2025 - REGULAR SESSION – 6:30 PM

- 1. CALL TO ORDER, PLEDGE OF ALLEGIANCE, ROLL CALL**
- 2. AGENDA APPROVAL**
- 3. INTERESTED CITIZENS: AUDIENCE REQUESTS AND COMMENTS**
- 4. ANNOUNCEMENTS / PROCLAMATIONS / SPECIAL PRESENTATIONS**
- 5. REPORTS**
 - A. Committee Reports/Council Comments
 - B. Mayor
 - C. City Administrator & City Staff
 - i. Sonny Weathers, City Administrator
- 6. WORKSHOP DISCUSSION**
 - A. Automatic License Plate Readers
- 7. ACTION ITEMS**
 - A. Consent Agenda
 - i. Approve **August 19, 2025**, minutes.
 - ii. Approve **September 2, 2025**, Claim Warrants numbered **52875** through **52917** in the amount of **\$298,746.55**.
 - iii. Rocketman Public Fireworks Display Permit Application for Winterfest
- 8. PUBLIC HEARINGS – None.**
- 9. RESOLUTIONS**
 - A. 25-759 Financial Policy 14.102 Meals & Travel
 - B. 25-766 Video Surveillance Camera Locations
 - C. 25-768 Bid Award to Dorsh & Kahl for Backup Power Generator
- 10. ORDINANCES – None.**
- 11. EXECUTIVE SESSION – None.**
- 12. EMERGENCY ORDINANCES – None.**
- 13. UPCOMING AGENDA ITEMS**
- 14. INTERESTED CITIZENS**
- 15. CONCLUSION**



To: Mayor and City Council
From: Sonny Weathers, City Administrator
TOPIC: AUTOMATIC LICENSE PLATE READERS

Requested Action:

For workshop discussion and staff direction.

Key Points:

Medical Lake has identified a strategic objective to optimize the use of data and technology to improve service, protect mission critical infrastructure, and enhance security effectiveness. The need exists to utilize surveillance cameras to monitor City properties and enhance the investigation efforts of law enforcement. Automatic License Plate Readers are fixed roadside cameras that capture still images of vehicles and their license plates as they pass by the cameras. License plates are checked against hotlists and provide alerts to law enforcement. Spokane County and neighboring municipalities are using ALPRs with success. Staff consulted with the Spokane County Sheriff's Office Real Time Crime Center on preferred locations and equipment to enhance safety and security at key gateways to the City.

Background Discussion:

Council had a workshop discussion about the use of cameras for public safety on 7/14/2024 and approved Video Surveillance Policy 18.119 via Resolution No. 24-713 on 10/15/2024. The Video Surveillance Policy requires approval of City Council prior to placement of cameras. When seeking approval, the objectives, equipment, location, personnel authorized to operate the system, times monitoring will be in effect, signage strategy, and fiscal impact must be addressed (see attached report).

Public Involvement:

None.

Next Steps:

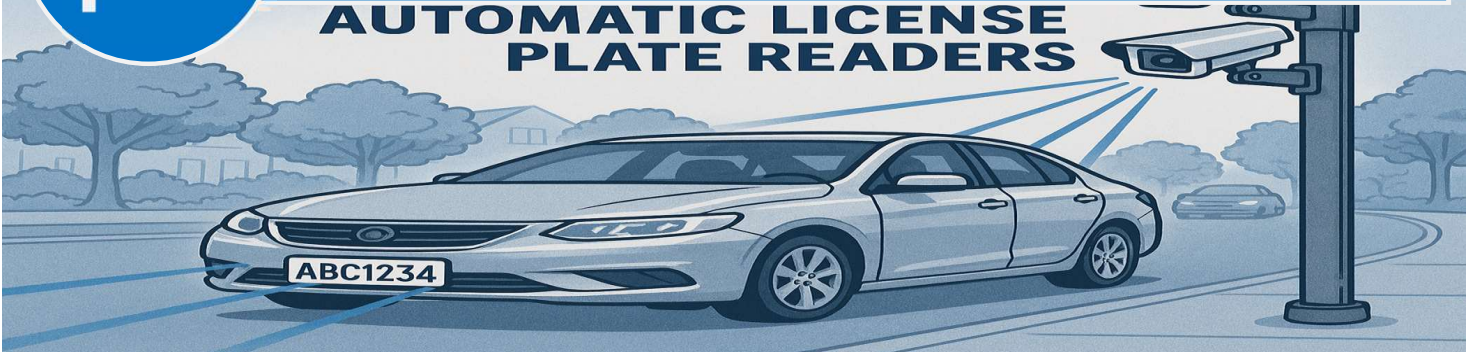
With Council direction, staff will draft a resolution to authorize a service agreement with Spokane County Sheriff's Office and the preferred service provider to purchase and install cameras at City Council approved locations.



CAMERA INSTALLATION APPROVAL REQUEST

Video Surveillance Policy 18.119

AUTOMATIC LICENSE PLATE READERS



SUMMARY & OBJECTIVE

Medical Lake has identified a strategic objective to optimize the use of data and technology to improve service, protect infrastructure, and enhance security effectiveness. The use of automatic license plate readers is intended to enhance public safety and operational efficiency by enabling real-time identification of vehicles.



Location of cameras:

A single pole will be installed near each of four gateways to the city, providing visibility of all vehicles entering and exiting town.

Equipment utilized:

4 MX Defender Q or Flock Safety Falcon License Plate Readers.

Personnel authorized to operate the system:

Spokane County Sheriff's Office.

Times when monitoring will be in effect:

These cameras will be in operation 24 hours per day, 7 days per week.

RATIONALE

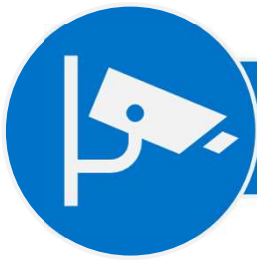
Automatic License Plate Readers enhance public safety and operational efficiency by enabling real-time identification of vehicles. They support law enforcement in locating stolen cars and tracking suspects while reducing manual labor and improving accuracy.



FISCAL IMPACT

Estimated costs associated with installation of 4 infrastructure free cameras is **\$2,000 - \$2,600** (\$500 - \$650 per camera). Annual licensing is approximately **\$8,000 - \$12,000 per year** (\$2,000 - \$3,000 per camera).





CAMERA INSTALLATION APPROVAL REQUEST

Video Surveillance Policy 18.119



Automatic License Plate Reader (ALRP)





Insight LPR, LLC

1014 Highway 471

Brandon, MS 39042

www.insightlpr.com

thomas.dussault@insightlpr.com

QUOTE #: 9860871438

CREATED: 8/20/25

PREPARED FOR:

Spokane County Sheriff's Office

| Name | Charge Type | QTY/HR | Price Per | Total Price |
|----------------------------------|-------------|--------|-----------|-------------|
| MX Defender Q | Recurring | 4 | \$2,000 | \$8,000 |
| Warranty (Included for One Year) | Included | 4 | \$0 | \$0 |
| Data Storage | Included | 4 | \$0 | \$0 |
| Installation | One Time | 4 | \$500 | \$2,000 |

Total Annual Recurring Charges: \$8,000

Total One Time Charges: \$2,000

First Year Total: \$10,000

TERMS

This estimate does not include any applicable taxes, it is not final and may change once all details are confirmed. This quote remains valid for 30 days from the date of issue. Pricing and terms are subject to change after this period. Typical installations occur within 8 weeks of receipt of Purchase Order, provided no delays in permitting (if applicable). Payment is due within 30 days from installation/order completion date, unless negotiated otherwise.

If electrical power is required for this project, the customer is responsible for providing a reliable source of 120V AC power in accordance with local regulations. This may include securing necessary permits and covering any related costs. Insight is not responsible for permitting, electrical work, or taxes associated with installation unless otherwise agreed. If a third party requires Insight to cover these costs, they will be invoiced to the customer. By proceeding, the customer confirms they have the authority to allow installation at the designated location(s). Issuance of a Purchase Order related to this quote will be deemed acceptance of the terms outlined herein, including any customer responsibilities noted above.



Budgetary Quote

This document is for informational purposes only. Pricing is subject to change.

Bill To: 1100 W Mallon Ave Spokane, Washington 99260

Ship To: 1100 W Mallon Ave Spokane, Washington 99260

Billing Company Name: WA - Spokane County SO

Billing Contact Name:

Billing Email Address:

Billing Phone:

Subscription Term: 24 Months

Payment Terms: Net 30

Retention Period: 30 Days

Billing Frequency: Annual Plan - First Year Invoiced at Signing.

Hardware and Software Products

Annual recurring amounts over subscription term

| Item | Cost | Quantity | Total |
|----------------------------------|----------|----------|--------------------|
| Flock Safety Platform | | | \$12,000.00 |
| Flock Safety LPR Products | | | |
| Flock Safety LPR, fka Falcon | Included | 4 | Included |

Professional Services and One Time Purchases

| Item | Cost | Quantity | Total |
|---|----------|----------|------------|
| One Time Fees | | | |
| Flock Safety Professional Services | | | |
| Professional Services - Standard Implementation Fee | \$650.00 | 4 | \$2,600.00 |

Subtotal Year 1: \$14,600.00

Annual Recurring Subtotal: \$12,000.00

Estimated Tax: \$2,420.60

Contract Total: \$26,600.00

Taxes shown above are provided as an estimate. Actual taxes are the responsibility of the Customer. This is not an invoice – this document is a non-binding proposal for informational purposes only. Pricing is subject to change.

CITY OF MEDICAL LAKE
City Council Regular Meeting

6:30 PM
August 19, 2025

MINUTES

Council Chambers
124 S. Lefevre Street

NOTE: This is not a verbatim transcript. Minutes contain only a summary of the discussion. A recording of the meeting can be accessed through the city's website www.medical-lake.org.

COUNCIL AND ADMINISTRATIVE PERSONNEL PRESENT

Councilmembers

Chad Pritchard
Keli Shaffer
Lance Speirs
Don Kennedy
Bob Maxwell

Administration & Staff

Terri Cooper, Mayor
Sonny Weathers, City Administrator
Thomas Rohrer, Legal Counsel
Koss Ronholt, Finance Director
Scott Duncan, Public Works Director
Glen Horton, Parks & Recreation Director
Dave Yuhas, Code Enforcement Officer
Roxanne Wright, Administrative Clerk

REGULAR SESSION – 6:30 PM

1. CALL TO ORDER, PLEDGE OF ALLEGIANCE, ROLL CALL

- A. Mayor Cooper called the meeting to order at 6:30 pm, led the Pledge of Allegiance, and conducted roll call.
 - i. Councilmember Harbolt was absent, excused last meeting. Councilmember Olson submitted a request for absence due to vacation. Motion to approve made by Councilmember Speirs, seconded by Councilmember Shaffer, carried 5-0. All other council members were present in person.

2. AGENDA APPROVAL

- A. Add item 9C Resolution 25-765 Bid Award – Shamrock for FEMA Paving Project.
 - i. Motion to approve addition made by Councilmember Kennedy, seconded by Councilmember Speirs, carried 5-0.
- B. Motion to approve agenda as amended by Councilmember Shaffer, seconded by Councilmember Kennedy, carried 5-0.

3. INTERESTED CITIZENS: AUDIENCE REQUESTS AND COMMENTS - none

4. ANNOUNCEMENTS / PROCLAMATIONS / SPECIAL PRESENTATIONS –

- A. Mayor Cooper announced that Councilmember Shaffer had resigned from Council as her husband is active-duty military and received new orders out of state. Thanked her for her service to the city. Councilmember Shaffer thanked council, staff, and community.

5. REPORTS

A. Public Safety

- i. Chief Rohrbach FD3 – August has been surprisingly slow given conditions. Temperatures will rise so we are not out of danger. He introduced Tim Flock as a new Fire Commissioner. Mr. Flock spoke a few words of introduction. Reflected on 2-year anniversary of Gray Road fire.

B. Committee Reports/Council Comments

- i. Councilmember Pritchard – Successful Geo walk with Steve Cooper, WWTP Director, and 20-30 community members. Gathered garbage and collected samples of the lake. Aerators doing a good job.
- ii. Councilmember Shaffer – Finance Committee reviewed Claim Warrants and Travel Policy that is on the agenda later. No issues.
- iii. Councilmember Speirs – No report.
- iv. Councilmember Kennedy – No report.
- v. Councilmember Maxwell – General Government Committee reported that the two big street projects are 99% complete. Hydroseed will start in October. Street maintenance crews are doing pothole repair in Fox Hollow and painting school crosswalks.

- C. Mayor Cooper – addressed some of the complaints around the scrub seal on the roads. It buys the city 7-10 years to preserve roads and allows opportunity to put together a plan for repaving and how to fund. It is a solid stopgap. Water analysis report is available on the city's website.

D. City Administrator & City Staff

- i. Sonny Weathers, City Administrator – Coming in near future, MOU with SCSO for camera purchase. They will buy what works best with their programs, then the city will reimburse. Automatic license plate readers – bringing forward proposal for where to locate those. No Planning Commission meeting in August. First day of school is August 27th and the final Linger at the Lake is August 28th.
- ii. Dave Yuhas, Code Enforcement Officer – Q2 Code Enforcement Report
 1. Gave presentation. See attached.

6. WORKSHOPS

- A. Draft 2026 Legislative Priorities – Mr. Weathers gave a presentation. See attached. Mayor Cooper spoke regarding priority of UGA swap. Discussed priorities and process with council.
- B. Financial Policies Update - Meals & Travel 14.102
 - i. Mr. Ronholt reviewed the changes implemented from the last meeting. Discussion with council. Council is in favor of bringing a Resolution at the September 5th meeting.

7. ACTION ITEMS

A. Consent Agenda

- i. Approve **August 5, 2025**, minutes.
 1. Motion to approve made by Councilmember Kennedy, seconded by Councilmember Maxwell, carried 5-0.
- ii. Approve **August 19, 2025**, Payroll Claim Warrants numbered **52809** through **52816** and Payroll Payable Warrants numbered **30257** through **30270** in the amount of **\$191,662.07** and Claim Warrants numbered **52817** through **52874** in the amount of **\$351,643.24**.
 1. Motion to approve made by Councilmember Shaffer, seconded by Councilmember Kennedy, carried 5-0.

8. PUBLIC HEARINGS – none

9. RESOLUTIONS

- A. 25-763 Year Two Periodic Update Grant Agreement

- i. Mr. Weathers reviewed.
 - ii. Motion to approve made by Councilmember Pritchard, seconded by Councilmember Speirs, carried 5-0.
- B. 25-764 IXOM Watercare Service Program Agreement
 - i. Mr. Weathers reviewed.
 - ii. Motion to approve made by Councilmember Kennedy, seconded by Councilmember Shaffer, carried 5-0.
- C. 25-765 Bid Award – Shamrock for FEMA Paving Project
 - i. Mr. Ronholt reviewed.
 - ii. Motion to approve made by Councilmember Kennedy, seconded by Councilmember Pritchard, carried 5-0.

10. ORDINANCES – none

11. EXECUTIVE SESSION - none

12. EMERGENCY ORDINANCES - none

13. UPCOMING AGENDA ITEMS - none

14. INTERESTED CITIZENS: AUDIENCE REQUESTS AND COMMENTS – none

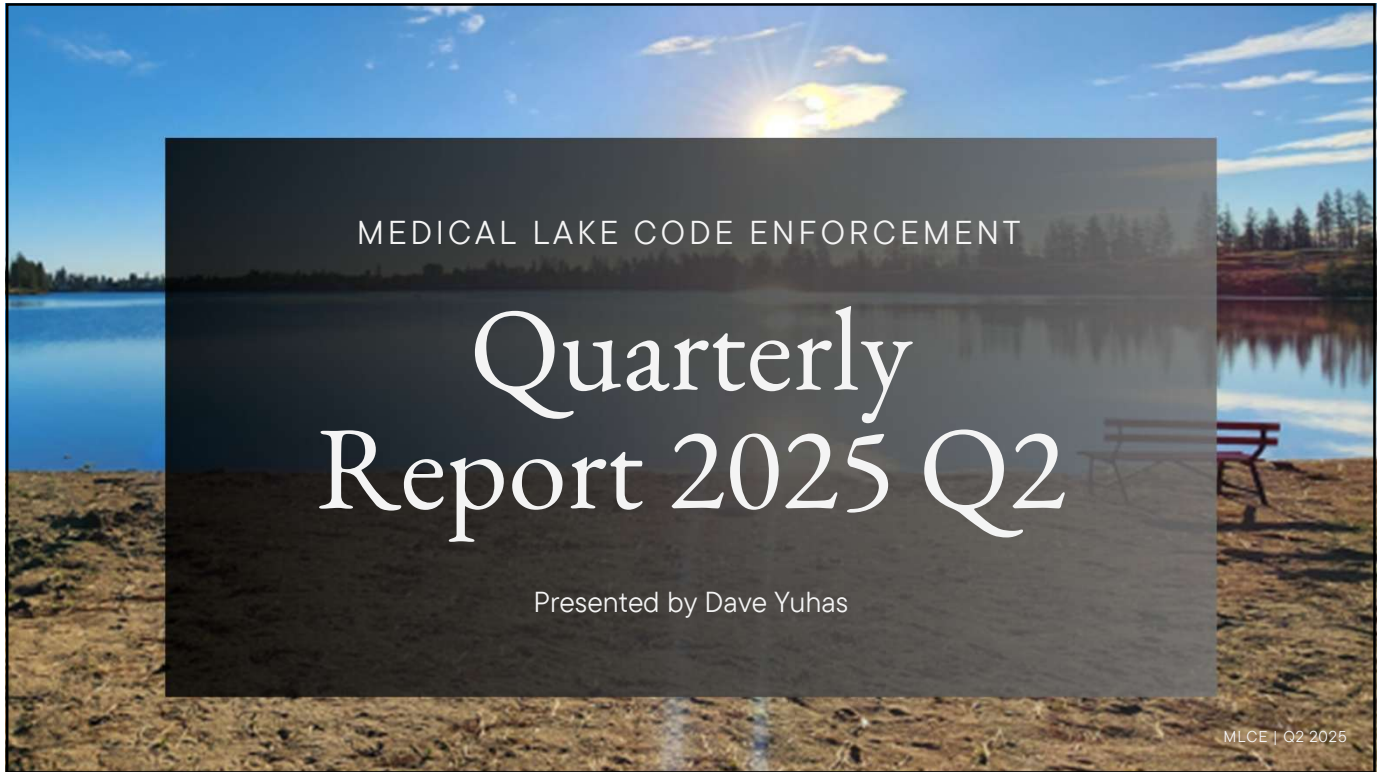
15. CONCLUSION

- A. Motion to conclude at 7:40 pm. made by Councilmember Pritchard, seconded by Councilmember Speirs, carried 5-0.

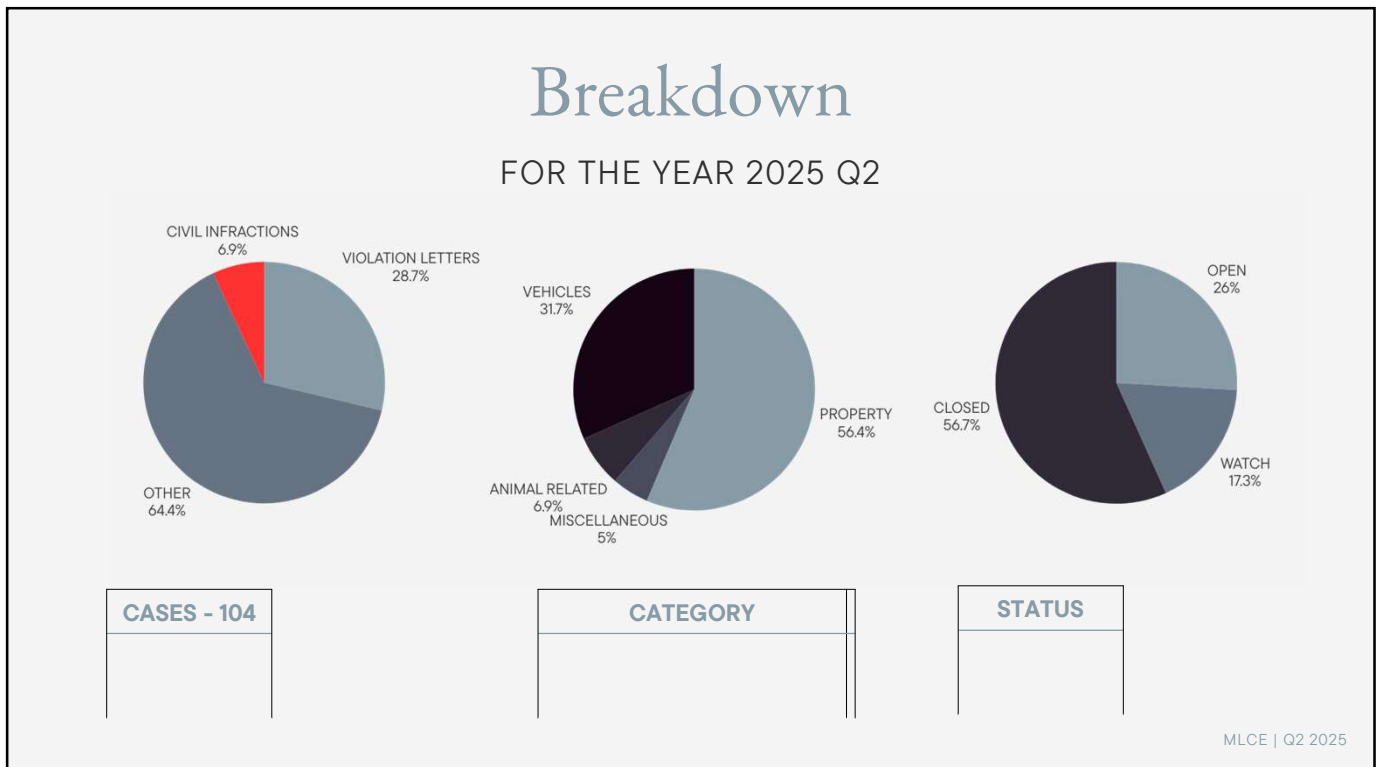
Terri Cooper, Mayor

Koss Ronholt, Finance Director/City Clerk

Date



1



2



MOVING FORWARD

| | |
|----|---|
| 01 | LEGAL |
| | Coordinating with the prosecutor's office to resolve as many active cases as possible before transitioning to the new court contract with Airway Heights. |
| 02 | VEHICLES |
| | Ongoing enforcement within city limits, with a focus on future vehicle removals/impounds at owner's expense. |
| 03 | ENGAGEMENT |
| | Exploring new methods of communication with citizens to better relay city needs through the code enforcement process. |

MLCE | Q2 2025

3

THANK YOU



For a community to be whole and healthy, it must be based on people's love and concern for each other.

-MILLARD FULLER



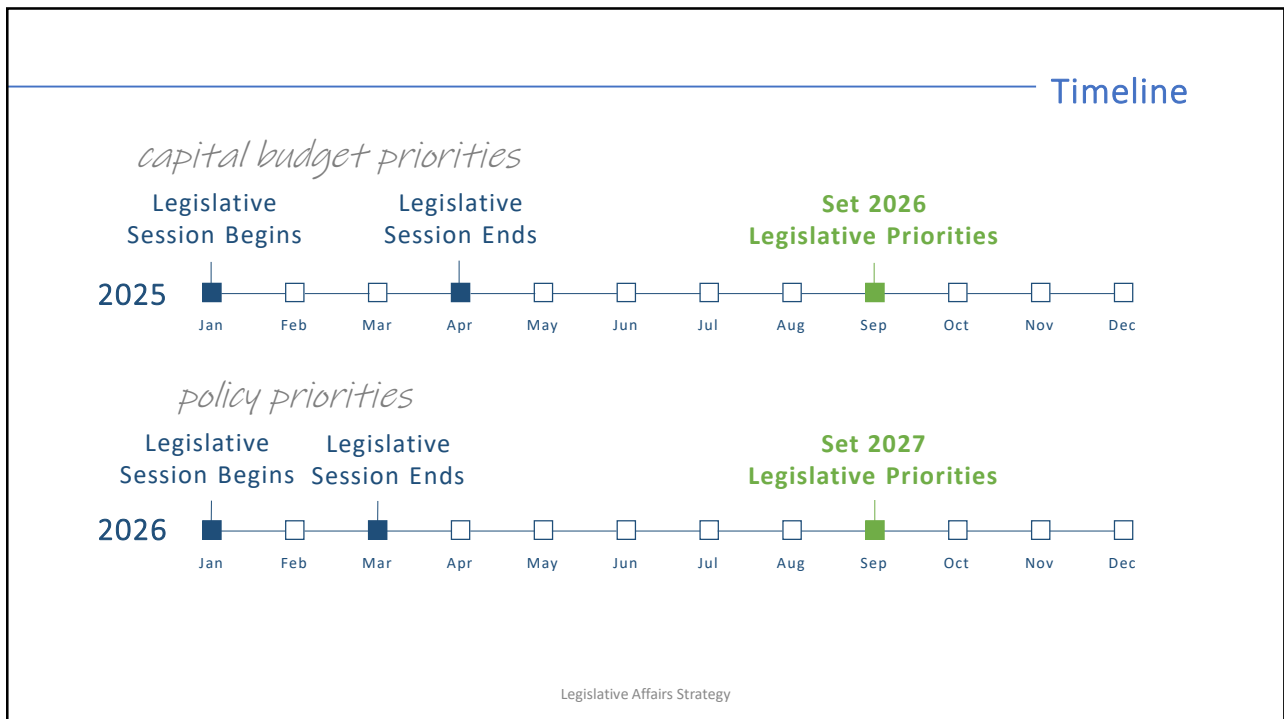
4



Legislative Affairs Strategy

Proactively influencing policy and legislative development at all levels and preparing stakeholders to be credible, informed, and articulate spokespersons for the City of Medical Lake.

1



2



3

CONNECT WITH YOUR LOCAL ELECTED REPRESENTATIVES

Make a big impact by providing your input to local decision and policy makers

City

Medical Lake City Council

Terri Cooper, Mayor

Don Kennedy, City Council Position #1

Ted Olson, City Council Position #2

Bob Maxwell, City Council Position #3

Tony Harbolt, City Council Position #4

Lance Speirs, City Council Position #5

Keli Shaffer, City Council Position #6

Chad Pritchard, City Council Position #7

County

Spokane County Commissioners

Chris Jordan, County Commissioner District #1

Amber Waldref, County Commissioner District #2

Josh Kerns, County Commissioner District #3

Mary Kunej, County Commissioner District #4

Al French, County Commissioner District #5

State

Washington State 6th Legislative District

Senator Jeff Holy

Representative Jenny Graham

Representative Mike Volz

Federal

5th US Congressional District from Washington

Representative Michael Baumgartner

Senator Patty Murray

Senator Maria Cantwell

4

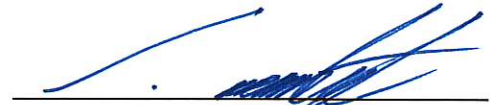
CITY OF MEDICAL LAKE

CLAIMS CERTIFICATION AND APPROVAL

Auditing Officer's Certification

I, the undersigned, do hereby verify under penalty of perjury that the materials have been furnished, the services rendered, or the labor performed as described herein and that the claim is a just, due, and unpaid obligation against the ***City of Medical Lake***, and that I am authorized to authenticate and certify said Claim Warrants numbered, 52875 through 52917 in the amount of \$298,746.55.

| | |
|-----------------------|---------------------|
| Check(s): 52875-52917 | \$ 280,705.89 |
| <u>EFT(s)</u> | <u>\$ 18,040.66</u> |
| Total: | \$ 298,746.55 |



Koss Ronholt, Finance Director

Council Approval

I, Terri Cooper, Mayor of the ***City of Medical Lake***. Approve by majority vote of the Medical Lake City Council, payments of Claim Warrants numbered, 52875 through 52917 in the amount of \$298,746.55 this 2nd day of September 2025.

Terri Cooper, Mayor

Date

WASHINGTON STATE PUBLIC FIREWORKS DISPLAY PERMIT

Applicant

Name of Event _____

Street Address _____

City _____ County _____

Event Date _____ Event Time _____ ☐ AM ☐ PM

Applicant's/Sponsor's Name _____ Phone No. _____

Pyrotechnic Operator _____ License No. _____

Experienced Assistant's Name _____

General Display Company Name _____ Phone No. _____

Attach a separate piece of paper and/or copies of the following documents:

- The number of set pieces, shells (specify single or multiple break), and other items.
- The manner and place of storage of such fireworks prior to the display.
- A diagram of the grounds on which the display is to be held showing the point at which the fireworks are to be discharged; the location of all buildings, highways, and other lines of communication; the lines behind which the audience will be restrained; and the location of all nearby trees, telegraph or telephone lines, or other overhead obstruction.
- Documentary proof of procurement of Surety bond or public liability insurance.

Local Fire Code Authority

Authority Having Jurisdiction _____

Name of Permitting Official _____

Title _____ Phone No. _____

Permit Granted: ☐ Yes ☐ Yes, with Restrictions (see "Notations" below) ☐ No

Restrictions/Notations _____

Dustin Flock

Signature of Permitting Official

Date of Approval

Permit Number

If approved, this permit is granted for the date and time noted herein under the authority of the International Fire Code in accordance with Revised Code of Washington 70.77 and all applicable rules and ordinances pertaining to fireworks in this jurisdiction. This permit is INVALID unless in the possession of a properly licensed Pyrotechnic Operator, who is responsible for any and all activities associated with the firing of this show.

MUST BE APPROVED BY THE AUTHORITY HAVING JURISDICTION



Washington State Patrol Fire Protection Bureau
Office of the State Fire Marshal
General Display Fireworks License

G24435

Licensee Data

Rocketman Pyros, LLC
4912 North Boeing Road
Spokane, WA 99206
License Number: C-04259

Operational Data

In State Agent: Daniel VerHeul
Phone Number: (509) 981-8298
Email Address: rocketmanpyros@msn.com

Date of Issue: February 18, 2025

Date of Expiration: January 31, 2026

A handwritten signature in black ink, likely of the State Fire Marshal, written over a horizontal line.

State Fire Marshal

A handwritten signature in black ink, likely of the licensee, written over a horizontal line.

Licensee Signature

3000-420-041 (10/18)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/26/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER PROFESSIONAL PROGRAM INSURANCE BROKERAGE DIVISION OF SPG INSURANCE SOLUTIONS, LLC 1304 SOUTHPOINT BLVD., #101 PETALUMA CA 94954 | CONTACT NAME: PHONE (A/C No. Ext): 415-475-4300 FAX (A/C No): 415-475-4303 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Certain Underwriters at Lloyd's, London NAIC # AA-1128623 |
| INSURED Rocketman Pyros, LLC 4912 N Boeing Road Spokane Valley WA 99206 | INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |

COVERAGES**CERTIFICATE NUMBER:** BL-005666**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | X | | PY/25-0213 | 08/15/2025 | 08/15/2026 | EACH OCCURRENCE \$ \$1,000,000 |
| | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$50,000 | | | | | | |
| | MED EXP (Any one person) \$ | | | | | | |
| | PERSONAL & ADV INJURY \$ | | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | BODILY INJURY (Per person) \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| | | | | | | | EACH OCCURRENCE \$ |
| | | | | | | | AGGREGATE \$ |
| | | | | | | | \$ |
| | | | | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | | | | | | | E.L. EACH ACCIDENT \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Medical Lake, Spokane County are Additional Insured as respects the Class B (1.3g) fireworks display(s) on 12/13/2025 located at 107 S. Jefferson St., Medical Lake, WA 99022. This policy provides a two-year extended reporting period from the date of the display. 30-day notice of cancellation and a 10-day notice for non-payment applies.

CERTIFICATE HOLDER

| | |
|--|---|
| Re*Imagine Medical Lake P.O. Box 344 Medical Lake WA 99022 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|--|---|

© 1988-2015 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

Underwriter's at Lloyd's, London: Referred to in this endorsement as either the "Insurer" or the "Underwriters"
This endorsement modifies insurance provided under the following:

SECTION III. PERSONS INSURED

In consideration of the premium charged for the Policy, it is hereby understood and agreed that the following entity(ies) is an additional insured pursuant to Section III. e), but only as respects the specific Display or Special Effects listed on the attached Certificate of Insurance:

Name of Person or Organization (Additional Insured):

City of Medical Lake, Spokane County

P.O. Box 344, Medical Lake, WA 99022

12/13/2025

Any coverage afforded to any above person or entity as an Additional Insured shall apply only with respect to **Bodily Injury** or **Property Damage** directly resulting from (1) the **Named Insured's** ongoing operations performed for such specific person and entity; or (2) acts or omissions of the Additional Insured in connection with their general supervisions of the **Named Insured's** ongoing operations. Coverage for such person or entity as an Additional Insured does not apply to:

- (i) **Personal Injury and Advertising Injury Liability;**
- (ii) Fire Legal Liability;
- (iii) Employee Benefits Liability;
- (iv) **Bodily Injury or Property Damage** which the person or entity is obligated to pay as damages by reason of the assumption of liability under a contract or agreement but this shall not apply to liability for damages the person or entity would have in the absence of the contract or agreement;
- (v) **Property Damage** to: (1) property owned, used or occupied by or rented to such person or entity; (2) property in the care custody, or control of such person or entity or over which such person or entity is for any purpose exercising physical control; or (3) any work, including materials, parts or equipment furnished in connection with such work, which is performed for the person or entity by or on behalf of the **Named Insured**.
- (vi) **Products-Completed Operations Hazards;**
- (vii) Any obligation assumed by the Additional Insured in any contract related to the Display or Special Effects listed in the attached Certificate of Insurance.
- (viii) Such other **Claims, Accidents**, offenses, damages and/or liabilities which may be excluded pursuant to Section V. Exclusions of the Policy.

All other terms, exclusions and conditions of this Policy remain unchanged.



In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in the activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.53.** See "WARNINGS" and "NOTICES" on reverse.

| | | | |
|---------------------------------|---|--------------------------|-----------------------------|
| Direct ATF Correspondence To | ATF - Chief, FELC 244 Needy Road Martinsburg, WV 25405-9431 | License/Permit Number | 9-WA-063-20-7D-00610 |
|---------------------------------|---|--------------------------|-----------------------------|

| | | |
|---|--------------------|----------------------|
| Chief, Federal Explosives Licensing Center (FELC) <i>Mama Howard</i> | Expiration Date | April 1, 2027 |
|---|--------------------|----------------------|

Name
ROCKETMAN PYROS LLC

Premises Address (Changes? Notify the FELC at least 10 days before the move.)
**4912 NORTH BOEING RD
SPOKANE, WA 99206-**

Type of License or Permit
20-MANUFACTURER OF EXPLOSIVES

| | |
|--|---|
| Purchasing Certification Statement The licensee or permittee named above shall use a copy of this license or permit to assist a transferor of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. <u>The signature on each copy must be an original signature.</u> A faxed, scanned or e-mailed copy of the license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. I certify that this is a true copy of a license or permit issued to the licensee or permittee named above to engage in the business or operations specified above under "Type of License or Permit." | Mailing Address (Changes? Notify the FELC of any changes.) ROCKETMAN PYROS LLC 4912 NORTH BOEING RD SPOKANE, WA 99206- |
|--|---|

| | |
|---|--------------------------------|
| <i>[Signature]</i> Licensee/Permittee Responsible Person Signature | <i>OWNER</i> Position/Title |
| <i>Daniel Lee Hewl</i> Printed Name | <i>4-30-2024</i> Date |

Previous Edition is Obsolete ROCKETMAN PYROS LLC:4912 NORTH BOEING RD:99206:9-WA-063-20-7D-00610:April 1, 2027:20-MANUFACTURER OF EXPLOSIVES ATF Form 5400.14/5400.15 Part I
Revised September 2011

Federal Explosives License (FEL) Customer Service Information

| | | |
|--|--|---------------------------|
| Federal Explosives Licensing Center (FELC) 244 Needy Road Martinsburg, WV 25405-9431 | Toll-free Telephone Number: (877) 283-3352 Fax Number: (304) 616-4401 E-mail: FELC@atf.gov | ATF Homepage: www.atf.gov |
|--|--|---------------------------|

Change of Address (27 CFR 555.54(a)(1)). Licensees or permittees may during the term of their current license or permit remove their business or operations to a new location at which they intend regularly to carry on such business or operations. The licensee or permittee is required to give notification of the new location of the business or operations not less than 10 days prior to such removal with the Chief, Federal Explosives Licensing Center. The license or permit will be valid for the remainder of the term of the original license or permit. **(The Chief, FELC, shall, if the licensee or permittee is not qualified, refer the request for amended license or permit to the Director of Industry Operations for denial in accordance with § 555.54.)**

Right of Succession (27 CFR 555.59). (a) Certain persons other than the licensee or permittee may secure the right to carry on the same explosive materials business or operations at the same address shown on, and for the remainder of the term of, a current license or permit. Such persons are: (1) The surviving spouse or child, or executor, administrator, or other legal representative of a deceased licensee or permittee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business or operations shall furnish the license or permit for for that business or operations for endorsement of such succession to the Chief, FELC, within 30 days from the date on which the successor begins to carry on the business or operations.

(Continued on reverse side)

Cut Here ✂

Federal Explosives License/Permit (FEL) Information Card

License/Permit Name: **ROCKETMAN PYROS LLC**

Business Name:

License/Permit Number: **9-WA-063-20-7D-00610**

License/Permit Type: **20-MANUFACTURER OF EXPLOSIVES**

Expiration: **April 1, 2027**

Please Note: Not Valid for the Sale or Other Disposition of Explosives.



Washington State Patrol Fire Protection Bureau
Office of the State Fire Marshal

11416P

Pyrotechnic Operator License

Licensee Data

Daniel VerHeul
4912 North Boeing Road
Spokane, WA 99206
License Number: P-04083

Phone Number: (000) 000-0000

Email Address: rocketmanpyros@msn.com

Date of Issue: February 21, 2025

Date of Expiration: January 31, 2026

State Fire Marshal

Licensee Signature

3000-420-043 (10/18)

Licensee Wall Mount Card



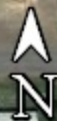
Angled Firing Line

Fall Out Area

Spectator Area

22

800 ft



Aerial Display Shells

| | | |
|-------------------------------|--------------------|-----------|
| 2.5-inch Aerial Shells | Fancy Color | 15 |
| 3-inch Aerial Shells | Fancy Color | |
| 4-inch Aerial Shells | Fancy Color | |
| 5-inch Aerial Shells | Fancy Color | |
| 6-inch Aerial Shells | Fancy Color | |
| | | |
| | | |

Comets With Reports

| | |
|--|----------------------------------|
| | Comets w/reports 2.5-inch |
|--|----------------------------------|

Special Effect Items

| | | | | |
|--|--------------|-----------|-------------------|--|
| | Cakes | 10 | Multi Shot | |
|--|--------------|-----------|-------------------|--|

DEPARTMENT OF LABOR & INDUSTRIES

EXPLOSIVES MANUFACTURER'S LICENSE NO. EXMF00001027

EXPIRATION DATE

02/15/2026

This Manufacture's License to manufacture explosives and/or blasting agents within the terms of RCW 70.74 (Washington State Explosives Act) and WAC 296-52 (Possession, Use and Handling of Explosives), is issued to:

Rocketman Pyros Llc
4912 N BOEING RD
DANIEL VERHEUL
SPOKANE, WA 99206

This License shall be renewed annually, and may be revoked for any violation of the explosives law

DIVISION OF OCCUPATIONAL SAFETY & HEALTH

**CITY OF MEDICAL LAKE
SPOKANE COUNTY, WASHINGTON
RESOLUTION NO. 25-759**

**A RESOLUTION OF THE CITY OF MEDICAL LAKE ADOPTING A MEALS AND
TRAVEL POLICY FOR THE CITY OF MEDICAL LAKE, WASHINGTON**

WHEREAS, the City of Medical Lake (“City”) seeks to maintain sound financial management practices and safeguard public resources through the adoption of clear financial policies; and

WHEREAS, Meal and travel purchases are recognized by oversight agencies, including the Washington State Auditor’s Office (“SAO”) and the Washington State Office of Financial Management (“OFM”), as high-risk areas for potential misappropriation and require strong internal controls; and

WHEREAS, the City currently has no formally adopted policy that establishes consistent standards for the authorization, processing, and reimbursement of meal and travel-related expenditures; and

WHEREAS, the City Council conducted workshops on August 5, 2025, and August 19, 2025, to review the draft policy, discuss its provisions, and provide feedback and suggested improvements; and

WHEREAS, City staff has made the suggested additions and recommends the proposed meals and travel policy, as detailed in Exhibit “A”.

NOW, THEREFORE, be it resolved by the City Council of the City of Medical Lake, Washington as follows:

Section 1. Meals and Travel Policy Adopted. The City Council hereby adopts the Meals and Travel Policy, attached hereto as Exhibit “A” (together with its exhibits), and which is incorporated herein by this reference. The Meals and Travel Policy shall be included in the City’s Financial Policies and designated as policy number 14.102.

Section 2. Severability. If any section, sentence, clause, or phrase of this Resolution shall be found to be invalid by a court of competent jurisdiction, such invalidity shall not affect the remainder of said Resolution.

Section 3. Effective Date. This Resolution shall become effective September 2, 2025.

Adopted this 2nd day of September, 2025.

Terri Cooper, Mayor

ATTEST:

Koss Ronholt, Clerk/Treasurer

APPROVED AS TO FORM:

Sean P. Boutz, City Attorney

City of Medical Lake

POLICY & PROCEDURES

Meals & Travel

Financial Policy 14.102

Policy Purpose

This policy is established to set clear guidelines for the reimbursement and purchase of meals and travel related expenses incurred by employees, elected officials, and authorized representatives. This policy ensures compliance with applicable laws and regulations, promotes fiscal responsibility, and defines the circumstances under which meal and travel expenses are considered necessary and appropriate.

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 - 4.2 Reimbursement
 - 4.3 Lost receipts
 - 4.4 Prohibited Purchase Reimbursement

Definitions

- **Approved Travel** – travel that has received advance authorization from the appropriate department head and/or City Administrator.

- **Commuting Distance** – Fifty (50) miles one-way from the normal work area or the employee’s residence, whichever is greater in distance.
- **Extraordinary Circumstances** – Events or conditions that are characterized by being short notice, unforeseen, unplanned, for an extended duration or outside the normal scope of routine operations.
- **Itemized Receipt** – a receipt that clearly lists each item purchased and the associated cost.
- **Meal** – For the purpose of this policy, a “meal” purchase refers to any meal, food item, drink, or otherwise consumable and edible product.
- **Official City Business** – Activities, events, or duties that are directly related to the performance of an employee’s or elected officials’ responsibilities, are conducted in service of the City of Medical Lake, and advance the City’s interests.
- **Per Diem** – A daily allowance for meals and incidental expenses in lieu of reimbursement for actual receipts or purchases.
- **Reimbursement** – payment to personnel for eligible out-of-pocket expenses incurred by the personnel.

Section 1.0 – General Provisions

1.1 Applicability

This policy applies to all City employees, elected officials, volunteers, and any other individuals authorized to incur travel and meal expenses on behalf of the City of Medical Lake.

1.2 Compliance

All travel and meal expenditures must comply with guidance from the following agencies:

- Washington State Office of Financial Management (OFM) travel policies and per diem rates. Per Diem rate tables can be found at ofm.wa.gov.
- Internal Revenue Service (IRS) regulations on travel and meal reimbursement.
- Office of the Washington State Auditor (SAO). Guidance can be found at sao.wa.gov in the Resource Library.
- The City of Medical Lake’s Credit & Fuel Card Policy 14.100 and any other applicable policies.

Section 2.0 – Local Meals

2.1 Eligibility

2.1.1 Local meals are only eligible for reimbursement or payment if they are:

- Within Commuting Distance.

- For Official City Business such as: council retreats, staff luncheons, or meetings with partner agencies, governing bodies, or City business prospects.
- Equal to or less than applicable OFM Per Diem rates.
- Accompanied by documentation showing the business purpose and attendees.
- Not otherwise provided, if during an event.
- Purchased as a result of a requirement to work extended hours due to emergencies, natural disasters, or other extraordinary circumstances.
- Not a prohibited purchase, as defined in section 2.5.1.

2.2 Staff Luncheons

2.2.1 City management is authorized to hold one all-staff luncheon per year to celebrate and appreciate City staff. The amount paid for the luncheon meals must be less than an amount equal to total number of FTEs multiplied by the current applicable, per person rate prescribed by OFM.

2.3 Council Retreats

2.3.1 City management is authorized to provide lunch for two Council Retreats per year. The amount paid for the meals must be less than an amount equal to total number of attendees (Council, Mayor, and Directors) multiplied by the current applicable, per person rate prescribed by OFM.

2.4 Program Meals

2.4.1 Meal purchases incurred and funded as a part of an official City program are only eligible for reimbursement or payment if they are:

- Clearly necessary for the fulfillment of the program.
- Funded by program fees paid by participants.
- Within the meal purchase parameters established for the program by the Parks & Recreation Director.
- Equal to or less than applicable OFM Per Diem rates.
- Not a prohibited purchase, as defined in section 2.5.1.

2.5 Prohibited Meals Expenses

2.5.1 The following meal purchases are prohibited, and shall not be reimbursed or paid by the City:

- Alcoholic beverages
- Meals for non-City personnel (unless approved by City Administrator with documented justification for the non-City personnel meal)
- Tips exceeding 20%
- Meals unrelated to City business

2.5.2 Prohibited Expenses paid on a City credit card shall be reimbursed to the City in accordance with section 4.4.

Section 3.0 – Travel Expenses

3.1 Eligibility

3.1.1 Expenses during travel are only eligible for reimbursement or payment if they are:

- For meals, lodging, registration fees, mileage, or transportation.
- Incurred during overnight travel for official City business such as events, conferences, or trainings.
- Pre-approved using a Travel Authorization Form (Exhibit B).
- Incurred during the dates of the approved Travel Authorization Form (Exhibit B).
- Economic or reasonable in cost.
- Not a prohibited purchase, as defined in section 3.5.

3.2 Meals during Travel

3.2.1 Must be equal to or less than applicable OFM Per Diem rates. Must not be a prohibited meal purchase, as defined in section 2.5.

3.2.2 Employee must be traveling during the entire meal period for the meal to be eligible for reimbursement or payment. Meal periods are defined as follows:

- **Breakfast:** 6:00am to 8:00am
- **Lunch:** 11:00am to 1:00pm
- **Dinner:** 5:00pm to 7:00pm

3.3 Lodging

3.3.1 Must be reasonable, and when possible, at the event hotel or government rate. If the daily rate is higher than OFM rates, justification must be documented using the Travel Authorization Form (Exhibit B). Additionally, staff is encouraged to make reservations directly with the hotel.

3.3.2 Overnight travel is only authorized if the destination is outside of Commuting Distance.

3.4 Transportation

3.4.1 Employees are expected to select the most reasonable and cost-effective mode of transportation for City business, so long as the lowest cost option does not cause additional

fees or delays, inability to bring luggage, does not guarantee seating, or any other unreasonable burden.

3.4.2 In cases where the Distance of Travel is four hundred (400) or more miles one-way, or drive-time and traffic delays are estimated to be eight (8) hours or more, employees are expected to evaluate cost efficiency of airfare. The following factors should be included in an analysis of determining cost-effectiveness:

Airfare:

- Airline tickets
- Transportation to and from airport (shuttle, taxi, uber, rental car, etc.)
- Airport parking
- Baggage fees
- Hours traveling
- Number of Meals during travel

Driving:

- Mileage reimbursement (See 4.2.2)
- Hours traveling
- Number of Meals during travel

3.4.3 If staff still chooses to drive when airfare has been determined to be the more cost-effective option, reimbursement for mileage shall not exceed the estimated total cost of airfare as detailed in 3.4.2. Additionally, travel time by driving will only be credited as hours worked up to a maximum of eight (8) hours per workday, regardless of the actual driving duration.

3.4.4 Staff is encouraged to purchase travel insurance or refundable tickets or reservations directly through the airline if the cost and benefits are reasonable.

3.5 Prohibited Expenses

3.5.1 The following travel expenses are prohibited, and shall not be reimbursed or paid by the City:

- Personal entertainment (e.g., movies, excursions)
- Spouse/family expenses
- Luxury accommodations (e.g., luxury room, rental cars, first class)

3.5.2 Prohibited Expenses paid on a City credit card shall be reimbursed to the City in accordance with section 4.4.

Section 4.0 – Disbursement and Processing

4.1 Credit Card Purchases

4.1.1 All credit card purchases must be supported by itemized receipts and a clear statement of the business purpose.

4.1.3 **Travel Expenses** – eligible travel expenses paid on a City credit card shall be documented with the TA# assigned to the approved Travel Authorization Form (Exhibit B).

4.1.3 **Program Meals** – eligible program meal purchases paid on a City credit card shall be documented with the name of the program and justification for purchase.

4.2 Reimbursement

4.2.1 **Local Meals** - Eligible local meal purchases, including but not limited to council retreats, staff luncheons, program meals, and emergency meals, shall be reimbursed after the purchase by submitting an itemized receipt with the Local Meals Approval Form (Exhibit A) to the Finance Director for approval.

4.2.2 **Travel Expenses** – eligible travel expenses shall be reimbursed using the Travel Reimbursement Form (Exhibit C) with the following requirements:

- **Distance of Travel** – documentation for the Distance of Travel must include a map showing the distance from Medical Lake City Hall to the destination.
- **Mileage** - Personal vehicle or City vehicle mileage shall be calculated by multiplying the OFM mileage rates by the Distance of Travel. Fuel purchases made on City credit cards during travel shall reduce the amount to be disbursed. Reimbursement may be limited to cost of airfare if mileage reimbursement is clearly excessive in comparison and not in the best interest of the City.
- **Transportation** – Rental car and flight justification must be provided and accompanied by a receipt.
- **Meals** – must be accompanied by a receipt and be equal to or less than the applicable OFM Per Diem rate. The receipt must indicate if the meal was breakfast, lunch or dinner, as well as who consumed the meal.

4.2.3 **Per Diem** - traveling employees may choose to receive a per diem for meals prior to traveling. If so, the Per Diem disbursement shall be calculated and paid to the employee by using the Per Diem Calculation Form (Exhibit D). OFM Per Diem rates must be used when completing this form.

4.3 Lost Receipts

4.3.1 If a receipt is lost, an Affidavit of Lost Receipt (Exhibit F) must be completed and approved by the Finance Director before disbursement can be issued. Reimbursement shall not be issued without a receipt.

4.4 Prohibited Purchase Reimbursement

4.4.1 if a prohibited purchase is made - as defined in sections 2.4 and 3.5 - on a City credit card, the cardholder shall reimburse the City for an amount equal to the prohibited purchase plus a proportionate amount of tax and tip using the Prohibited Purchase Reimbursement Form (Exhibit E).



Local Meals Approval Form

| | |
|-------------|--|
| Meal Type | |
| Meal Date | |
| Description | |

Attendees x OFM Lunch Rate = Allowable Cost

| Meal Cost | Attendees | OFM Lunch Rate | Allowable Cost |
|-----------|-----------|----------------|----------------|
| | | | |

The purchase must meet the following eligibility requirements:

- Within 50 miles of residence or normal work location
- For official City business
- Equal to or less than applicable OFM Per Diem rate
- Receipt is attached.
- No more than (1) staff luncheon has been purchased during the current calendar year (Staff Luncheon)
- No more than (2) council retreat meals have been purchased during the current calendar year (Council Retreat)

Reimbursement Information (if applicable)

| | |
|-----------------------|--|
| Employee to Reimburse | |
| BARS Account | |
| Reimburse. Amount | |

| Signatures | Date |
|-------------------|------|
| Employee: | |
| Finance Director: | |



TRAVEL/TRAINING AUTHORIZATION FORM

- FOR OVERNIGHT TRAVEL ONLY -
Complete and return prior to incurring expenses

| | | | |
|-----------------------------------|---------|------------------------------------|----------------------|
| EMPLOYEE NAME | | DEPARTMENT | |
| DEPARTURE DATE | | RETURN DATE | |
| DESTINATION (City, State/Country) | | BUDGET NUMBER TO BE CHARGED | |
| DESTINATION HOTEL RATE | \$_____ | DESTINATION GSA MEALS RATE (B/L/D) | \$____/\$____/\$____ |

BUSINESS PURPOSE (check one): ☐ Conference ☐ Meeting ☐ Training

Travel Auth #: TA_____

ARE YOU EXTENDING YOUR TRIP TO INCLUDE PERSONAL TRAVEL? Yes ☐ No ☐

| |
|---|
| EXPLANATION OF TRAVEL (Name of conference/training; attach additional information if necessary) |
| |

| EXPENSES | ✓ PAYMENT METHOD | EST. COST |
|--|---|-----------|
| REGISTRATION FEE | <input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Company Card | |
| AIRFARE | <input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Company Card | |
| LODGING | <input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Company Card | |
| Daily base rate of hotel: \$_____ If more than GSA rate, justify excess: _____ | | |
| MEALS (Per diem) | <input type="checkbox"/> Employee Reimb. | |

| EXPENSES | ✓ PAYMENT METHOD | EST. COST |
|---|---|-----------|
| MILEAGE (personal vehicle) | <input type="checkbox"/> Employee Reimb. | |
| OTHER TRANSPORTATION | <input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Company Card | |
| RENTAL VEHICLE | <input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Company Card | |
| Justification of need for rental vehicle: | | |
| OTHER EXPENSES | <input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Company Card | |
| TOTAL ESTIMATED COSTS | | \$ |

| EMPLOYEE CERTIFICATION | | | |
|---|--|------|--|
| By signing below, I certify the requested travel is appropriate and necessary for conducting official City business, and agree to comply with the City's Business Expense Policy. | | | |
| SIGNATURE | | | |
| PRINTED NAME | | DATE | |

| DEPARTMENT DIRECTOR/CITY MANAGER (or Designee) AUTHORIZATION | | Travel Authorization # | |
|--|---------------------------------|------------------------|--|
| APPROVED <input type="checkbox"/> | DENIED <input type="checkbox"/> | | |
| SIGNATURE | | | |
| PRINTED NAME | | DATE | |

| CITY MANAGER AUTHORIZATION FOR INTERNATIONAL TRAVEL | | | |
|---|---------------------------------|------|--|
| APPROVED <input type="checkbox"/> | DENIED <input type="checkbox"/> | | |
| SIGNATURE | | | |
| PRINTED NAME | | DATE | |



Travel Reimbursement Request

This form is to be accompanied by the following supporting documents (as applicable):

- Map print out showing total miles to destination
- Travel Authorization for event
- Fuel or meal receipts (**if paid on City card**)
- Completed Per Diem Calculation (**meals only**)
- Letter for rental car or flight justification (**if applicable**)

Employee: _____

Travel Authorization #: TA _____

Total Payable: _____

Mileage

Total Mile x OFM Mileage Rate = Mileage Owed | Mileage – Fuel Receipts = Reimbursement Amount

| Total Miles | OFM Rate | Mileage Owed | Fuel Receipts | Reimburse. |
|-------------|----------|--------------|---------------|------------|
| | | | | |

Meals

Enter breakfast, lunch, or dinner meals paid for out-of-pocket, for which reimbursement is requested

-“Less:”: deduct any meals purchased on credit card or per diem paid

-“Authorized”: input authorized amount from Per Diem Calculation (maximum reimbursement)

| Breakfast(s) | Lunch(s) | Dinner(s) | Less: | Authorized | Reimburse. |
|--------------|----------|-----------|-------|------------|------------|
| | | | | | |

Other Travel Expenses

| Rental Car | Flight | Parking | Other | Reimburse. |
|------------|--------|---------|-------|------------|
| | | | | |

BARS Accounts

| Mileage | Meals | Other Travel Expenses |
|---------|-------|-----------------------|
| | | |
| | | |
| | | |

| Signatures | Date |
|-------------------|------|
| Employee: | |
| Finance Director: | |

Per Diem Calculation

Meals & Incidentals



Use GSA Rates: [FY 2025 per diem rates for Washington | GSA](#)

Employee: _____

Travel Authorization #: TA _____

| Date | Meals Needed | Meal Total | Incidentals Needed? | Incidentals Total | Per Diem Total |
|------|--------------|------------|---------------------|-------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Authorized Per Diem |
|---------------------|
| |

BARS Accounts

| |
|--|
| |
| |
| |

| Signatures | Date |
|-------------------|------|
| Employee: | |
| Finance Director: | |



Prohibited Purchase Reimbursement Form

This form is to be completed when a prohibited purchase is made – as defined in the City’s Meals & Travel Policy 14.102 in sections 2.4 and 3.5 – and reimbursement is required from the cardholder to the City.

This form shall be accompanied by proof of payment and the receipt or credit card statement indicating the prohibited purchase on a City credit card.

| | |
|--------------------|--|
| Cardholder: | |
| Last Four of Card: | |
| Amount Owed: | |
| Purchase Date: | |
| Description: | |

Calculation for Amount (if only a portion of the purchase was a prohibited purchase)

| | | |
|---|--|--|
| A | Prohibited Item(s) | |
| B | Receipt Subtotal (before tax & tip) | |
| C | Tip & Tax | |
| D | Item % of Total ($A \div B$) | |
| E | Proportionate Tip & Tax ($C \times D$) | |
| F | = Amount Owed ($A + E$) | |

| Signatures | Date |
|-------------------|------|
| Cardholder: | |
| Finance Director: | |



Affidavit of Lost or Destroyed Receipt

| | |
|--------------|--|
| Employee: | |
| Card Last 4: | |
| Institution: | |

(If applicable)
Travel Authorization #: TA _____

I, _____, declare on oath, that the original receipts for the transaction dated _____ in the amount of _____ purchase at vendor named _____ has been lost or destroyed. The vendor has been contacted and is not able to provide a duplicate receipt for this purchase. Please accept the detail of the transaction below in lieu of an itemized receipt for this transaction.

I understand that falsification of the itemization of this purchase constitutes an act of fraud.

| Item (Description) | Amount |
|----------------------------------|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Tax & Fees | |
| Total (must match receipt total) | |

| BARS Accounts | Amount |
|---------------|--------|
| | |
| | |
| | |
| | |

| Signatures | Date |
|-------------------|------|
| Employee: | |
| Finance Director: | |



To: Mayor and City Council
From: Sonny Weathers, City Administrator
TOPIC: CAMERA INSTALLATION APPROVAL REQUEST (RESOLUTION 25-766)

Requested Action:

Consideration of Resolution No. 25-766 authorizing the placement of panoramic and pan tilt zoom cameras at defined locations in Waterfront Park, Pioneer Park, Coney Island Park, and Shepard Field.

Key Points:

Medical Lake has identified a strategic objective to optimize the use of data and technology to improve service, protect mission critical infrastructure, and enhance security effectiveness. The need exists to utilize surveillance cameras to monitor City properties and enhance the investigation efforts of law enforcement. Cameras can assist in providing public safety and security by preventing or deterring acts of theft, vandalism, harassment, and assault by assisting in identification of individuals involved in criminal activity on City owned or managed property. Staff consulted with the Spokane County Sheriff's Office Real Time Crime Center on preferred locations and equipment to enhance safety and security at Waterfront Park, Pioneer Park, Coney Island Park, and Shepard Field.

Background Discussion:

A rash of vandalism has repeatedly targeted our parks and highlighted a need for surveillance technology providing security and protecting City infrastructure and resources. City Council had a workshop discussion about the use of cameras for public safety on 7/14/2024 and approved a Video Surveillance Policy 18.119 via Resolution No. 24-713 on 10/15/2024. The Video Surveillance Policy requires approval of City Council prior to placement of cameras. When seeking approval, the objectives, equipment, location, personnel authorized to operate the system, times monitoring will be in effect, signage strategy, and fiscal impact must be addressed (see attached reports).

Public Involvement:

None.

Next Steps:

Drafting and approving a Memorandum of Understanding (MOU) with Spokane County Sheriff's Office to authorize purchase, reimbursement, and installation of cameras at City Council approved locations.

**CITY OF MEDICAL LAKE
SPOKANE COUNTY, WASHINGTON
RESOLUTION NO. 25-766**

**A RESOLUTION OF THE CITY OF MEDICAL LAKE APPROVING LOCATIONS
FOR INSTALLATION OF VIDEO SURVEILLANCE CAMERAS FOR THE CITY OF
MEDICAL LAKE, WASHINGTON**

WHEREAS, the City of Medical Lake (“City”) adopted Video Surveillance Policy 18.119 by Resolution 24-713 on October 15, 2024, establishing guidelines for the use and placement of video surveillance cameras in public spaces; and

WHEREAS, Policy 18.119 requires City Council approval for the installation of cameras at City facilities, parks, open space areas, public streets, or other public locations; and

WHEREAS, the City recognizes the role of video surveillance in promoting public safety, deterring crime, protecting City facilities, and assisting law enforcement; and

WHEREAS, the City Administrator has reviewed the proposed camera placements and determined that they comply with Policy 18.119 and serve the objectives of enhancing public safety and security; and

WHEREAS, five (5) camera locations have been identified for installation, which are more fully depicted in Exhibit “A”;

NOW, THEREFORE, be it resolved by the City Council of the City of Medical Lake, Washington as follows:

Section 1. Video Surveillance Camera Locations Approved. The City Council hereby approves the installation of five (5) video surveillance cameras at the locations depicted in Exhibit “A”, attached hereto and incorporated herein by this reference.

Section 2. Severability. If any section, sentence, clause, or phrase of this Resolution shall be found to be invalid by a court of competent jurisdiction, such invalidity shall not affect the remainder of said Resolution.

Section 3. Effective Date. This Resolution shall become effective September 2, 2025.

Adopted this 2nd day of September, 2025.

Terri Cooper, Mayor

ATTEST:

APPROVED AS TO FORM:

Koss Ronholt, Clerk/Treasurer

Sean P. Boutz, City Attorney



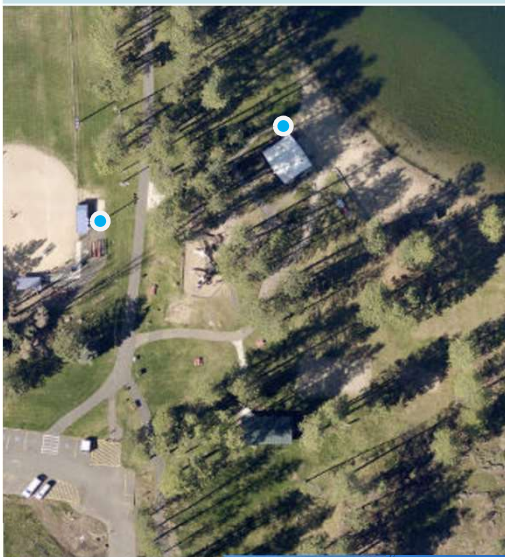
CAMERA INSTALLATION APPROVAL REQUEST

Video Surveillance Policy 18.119

WATERFRONT PARK

SUMMARY & OBJECTIVE

Medical Lake has identified a strategic objective to optimize the use of data and technology to improve service, protect infrastructure, and enhance security effectiveness. The use of surveillance cameras is intended to deter theft, vandalism, harassment, and assault by assisting in identification of individuals involved in criminal activity on City owned or managed property.



Location of cameras:

One pole will be installed near the beach and an existing pole by field 1 will be utilized providing visibility of the driveway, playground, beach, bathrooms, and picnic areas.

Equipment utilized:

2 AXIS Q6100-E Panoramic Camera with 2 AXIS Q6135-LE Pan Tilt Zoom (PTZ) Camera, 1 Peplink Cellular Router.

Personnel authorized to operate the system:

Spokane County Sheriff's Office.

Times when monitoring will be in effect:

These cameras will be in operation 24 hours per day, 7 days per week.

RATIONALE

Waterfront Park has suffered a rash of damage due to after hours driving on the grass, tampering with bathroom fixtures, and graffiti on tables, playground equipment, and bathrooms.



FISCAL IMPACT

Estimated costs associated with installation of 1 pole with power supply, mounting hardware, cameras, and router is **\$16,000**. Annual licensing is approximately **\$700 per year** for Waterfront Park (\$175 per camera).





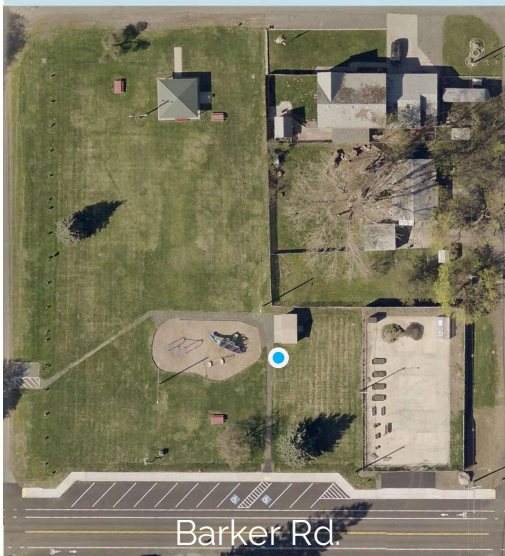
CAMERA INSTALLATION APPROVAL REQUEST

Video Surveillance Policy 18.119

PIONEER PARK

SUMMARY & OBJECTIVE

Medical Lake has identified a strategic objective to optimize the use of data and technology to improve service, protect infrastructure, and enhance security effectiveness. The use of surveillance cameras is intended to deter theft, vandalism, harassment, and assault by assisting in identification of individuals involved in criminal activity on City owned or managed property.



Location of cameras:

A single pole will be installed near the CTX Bathroom providing visibility of the community garden, parking areas, playground, bathrooms, and picnic area.

Equipment utilized:

1 AXIS Q6100-E Panoramic Camera with 1 AXIS Q6135-LE Pan Tilt Zoom (PTZ) Camera, 1 Peplink Cellular Router.

Personnel authorized to operate the system:

Spokane County Sheriff's Office.

Times when monitoring will be in effect:

These cameras will be in operation 24 hours per day, 7 days per week.

RATIONALE

Pioneer Park has suffered a rash of damage due to after hours driving on the grass, tampering with bathroom fixtures, and graffiti on tables, playground equipment, and bathrooms.



FISCAL IMPACT

Estimated costs associated with installation of 1 pole with power supply, mounting hardware, cameras, and router is **\$10,000**. Annual licensing is approximately **\$350 per year** for Pioneer Park (\$175 per camera).





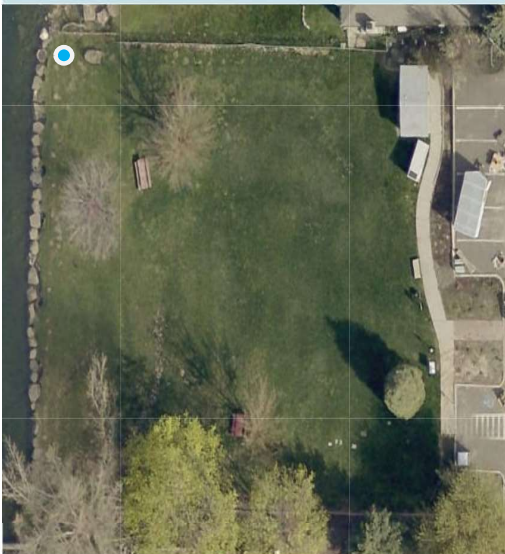
CAMERA INSTALLATION APPROVAL REQUEST

Video Surveillance Policy 18.119

CONEY ISLAND PARK

SUMMARY & OBJECTIVE

Medical Lake has identified a strategic objective to optimize the use of data and technology to improve service, protect infrastructure, and enhance security effectiveness. The use of surveillance cameras is intended to deter theft, vandalism, harassment, and assault by assisting in identification of individuals involved in criminal activity on City owned or managed property.



Location of cameras:

A single pole will be installed near the shoreline providing visibility of the park, dock, bathrooms, and lake.

Equipment utilized:

1 AXIS Q6100-E Panoramic Camera with 1 AXIS Q6135-LE Pan Tilt Zoom (PTZ) Camera, 1 Peplink Cellular Router.

Personnel authorized to operate the system:

Spokane County Sheriff's Office.

Times when monitoring will be in effect:

These cameras will be in operation 24 hours per day, 7 days per week.

RATIONALE

Placing a camera for public safety was a condition attached to the Coney Island Park Dock Project and this past winter a call was placed reporting someone falling through the ice into the lake.



FISCAL IMPACT

Estimated costs associated with installation of 1 pole with power supply, mounting hardware, cameras, and router is **\$10,000**. Annual licensing is approximately **\$350 per year** for Coney Island Park (\$175 per camera).





CAMERA INSTALLATION APPROVAL REQUEST

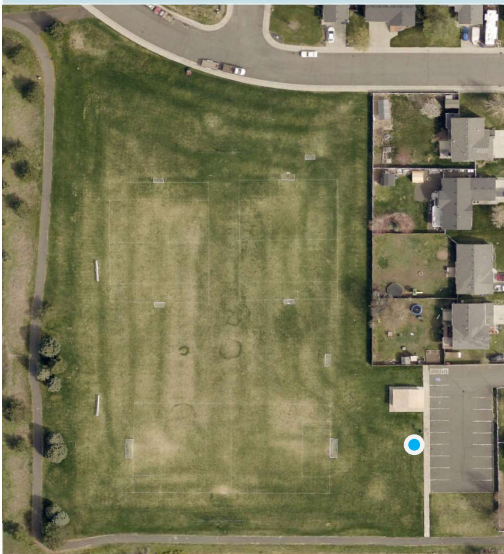
Video Surveillance Policy 18.119

SHEPARD FIELD



SUMMARY & OBJECTIVE

Medical Lake has identified a strategic objective to optimize the use of data and technology to improve service, protect infrastructure, and enhance security effectiveness. The use of surveillance cameras is intended to deter theft, vandalism, harassment, and assault by assisting in identification of individuals involved in criminal activity on City owned or managed property.



Location of cameras:

A single pole will be installed near the midpoint of the parking lot providing lighting and visibility of the parking areas, trails, playfields, and bathrooms.

Equipment utilized:

1 AXIS Q6100-E Panoramic Camera with 1 AXIS Q6135-LE Pan Tilt Zoom (PTZ) Camera, 1 Peplink Cellular Router.

Personnel authorized to operate the system:

Spokane County Sheriff's Office.

Times when monitoring will be in effect:

These cameras will be in operation 24 hours per day, 7 days per week.

RATIONALE

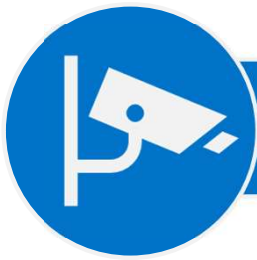
Shepard Field has suffered a rash of damage due to after hours tampering with bathroom fixtures and graffiti.



FISCAL IMPACT

Estimated costs associated with installation of 1 pole with power supply, mounting hardware, cameras, router, and 2 LED flood lights is **\$11,000**. Annual licensing is approximately **\$350 per year** for Shepard Field (\$175 per camera).



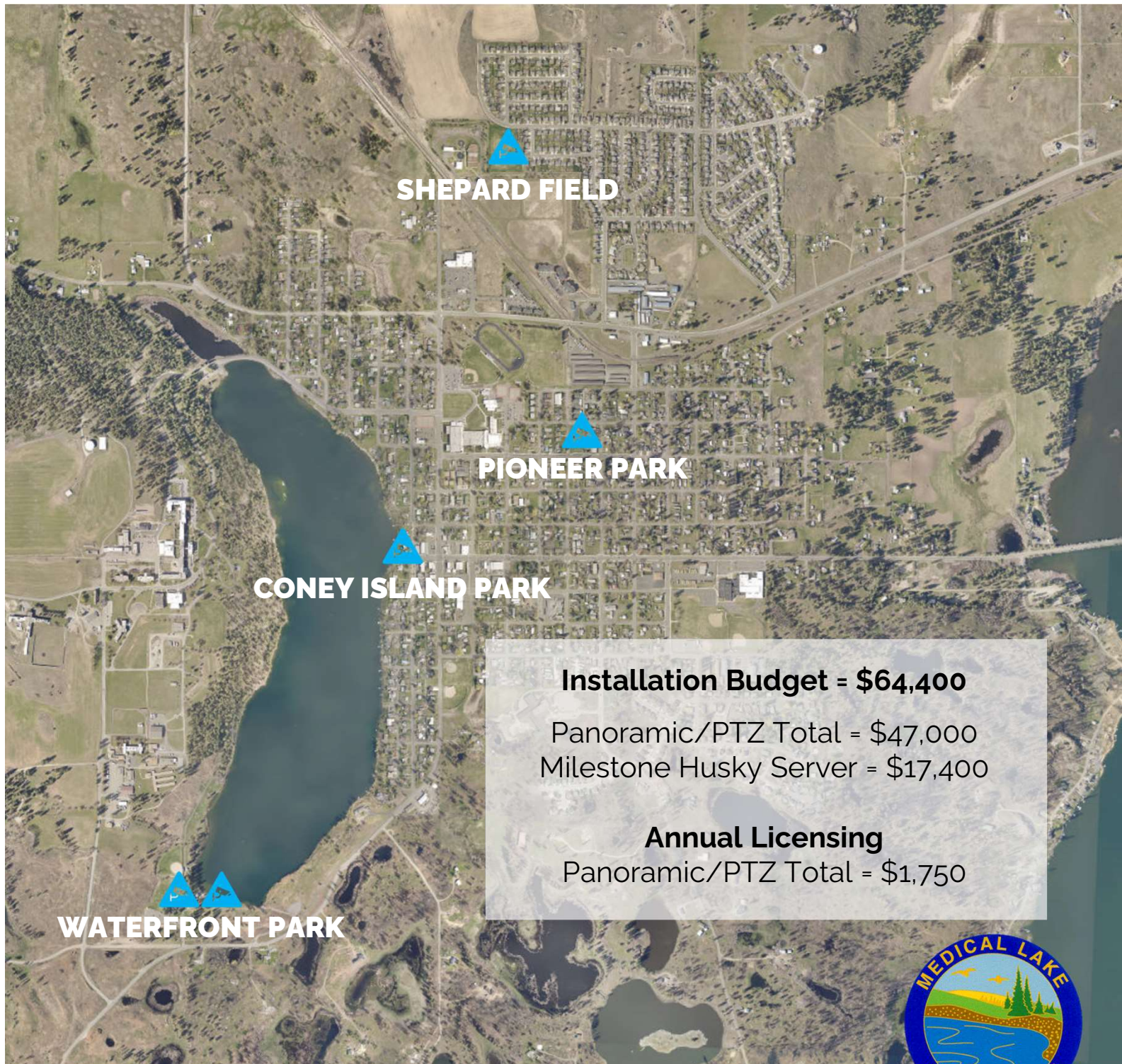


CAMERA INSTALLATION APPROVAL REQUEST

Video Surveillance Policy 18.119



Panoramic Camera with Pan Tilt Zoom (PTZ) Camera



**CITY OF MEDICAL LAKE
SPOKANE COUNTY, WASHINGTON
RESOLUTION NO. 25-768**

**A RESOLUTION OF THE CITY OF MEDICAL LAKE AWARDING THE
BID FOR THE BACKUP POWER FOR CRITICAL INFRASTRUCTURE
PROJECT TO DORSH & KAHL CO.**

WHEREAS, the City of Medical Lake (“City”) approved a grant agreement with the Washington State Military Department (“MIL”) for Seven-Hundred Ninety-Eight Thousand, Seven-Hundred Forty Dollars and Sixty Cents (\$798,740.60) to assist the City with hazard mitigation in the form of backup power for critical infrastructure on April 15, 2025; and

WHEREAS, pursuant to the grant agreement, the funding shall consist of a federal share equal to Seventy-Five Percent (75%), a state share equal to Twelve and One-Half Percent (12.5%), and a local share equal to Twelve and One-Half Percent (12.5%); and

WHEREAS, the City published a Request for Proposals (“RFP”) on July 24, 2025, for the design, furnishing, and installation of new generators at City Hall, Craig Rd. Well, Lehn Rd. Well, City Maintenance Building, and the Wastewater Treatment Plant; and

WHEREAS, the City received and publicly opened five (5) responsive bids on August 21, 2025, at 2:00pm; and

WHEREAS, City Staff recommends awarding the contract for the Backup Power for Critical Infrastructure project to the lowest responsive and responsible bidder, Dorsh & Kahl Co., in the amount of Nine Hundred Twenty-Nine Thousand Seven Hundred Thirty-Three Dollars and Seventy-Five Cents (\$929,733.75).

NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MEDICAL LAKE, WASHINGTON as follows:

Section 1. Award of Bid. The City Council hereby awards the contract for the Backup Power for Critical Infrastructure in the amount of \$929,733.75, including applicable taxes, shipping, and installation fees to Dorsh & Kahl Co., as set forth in the attached Exhibit A (Bid Tabulation), which is incorporated herein.

Section 2. Severability. If any section, sentence, clause, or phrase of this Resolution should be held to be invalid or unconstitutional by a court of competent jurisdiction, such invalidity or unconstitutionality shall not affect the validity or constitutionality of any other section, sentence, clause, or phrase of this Resolution.

Section 3. Effective Date. This Resolution shall become effective immediately upon its adoption.

ADOPTED this 2nd day of September, 2025.

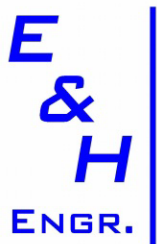
Mayor, Terri Cooper

Attest:

Approved as to Form:

Koss Ronholt, City Clerk

City Attorney, Sean P. Boutz



August 26, 2025

Mayor Cooper & City Council
c/o Sonny Weathers, City Administrator
City of Medical Lake
PO Box 369
Medical Lake, WA 99022

Re: City of Medical Lake
Backup Power for Critical Infrastructure - 2025
Recommendation of Award of Contract

Dear Mayor Cooper & City Council:

On August 21st, we received and opened 5 bids for your above-referenced repaving project. We have prepared the enclosed Bid Tabulation of those 5 bids. The low bidder is Dorsh & Kahl Co., we have reviewed their bid, have found no bidding irregularities, and consider it to be a responsive bid.

We have spoken with Jim Dorsh, owner, and he indicated that they are prepared to proceed with their bid.

Dorsh & Kahl Co. has successfully completed numerous electrical projects with the City and throughout the area in the past.

We believe Dorsh & Kahl possess the knowledge, equipment, and means to complete the project as specified in the Contract Documents. Accordingly, we recommend the Contract for your Backup Power for Critical Infrastructure project be awarded to Dorsh & Kahl Co. in the amount of \$929,733.75.

We are unsure whether FEMA requires a review and approval of the bids prior to award; Koss is following up on that. If it is still unknown whether approval to award is required from FEMA, please award the contract 'contingent upon FEMA approval'.

All items appear to be in order and we look forward to a successful project, please contact us should questions or concerns arise.

Sincerely,

A handwritten signature in black ink, reading 'Thomas P. Haggarty', with a stylized flourish at the end.

Thomas P. Haggarty, P.E.
Principal Engineer

Encl: Backup Power - 2025 Bid Tabulation

BID TABULATION**City of Medical Lake****Backup Power for Critical Infrastructure - 2025**

Dorsh & Kahl Co.

PO Box 13362

Spokane Valley, WA 99213

Colvico, INC.

2812 N. Pittsburg St

Spokane, WA 99220

Triumph Electric LLC.

8902 S. Stevens Creek Rd

Spokane, WA 99223

Apex Mechanical LLC.

1507 SE Eaton Blvd

BattleGround, WA 98604

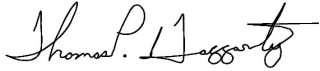
Shawn Cole Construction INC. Engineer's Estimate

15212 W. Cougar Lane

Spokane, WA 99224

| Item | Description | Est. Qty. | Unit Price | Total Amt. | Unit Price | Total Amt. | Unit Price | Total Amt. | Unit Price | Total Amt. | Unit Price | Total Amt. | Unit Price | Total Amt. |
|-------------------------------|--|-----------|------------|---------------------|------------|---------------------|------------|-----------------------|------------|-----------------------|------------|-----------------------|------------|---------------------|
| 1 | Mobilization | Lump Sum | L.S. | \$31,281.00 | L.S. | \$46,200.00 | L.S. | \$30,121.00 | L.S. | \$5,500.00 | L.S. | \$17,595.00 | L.S. | \$40,000.00 |
| 2 | City Hall Generator & ATS, Complete | Lump Sum | L.S. | \$138,958.00 | L.S. | \$95,300.00 | L.S. | \$148,912.00 | L.S. | \$150,000.00 | L.S. | \$164,346.50 | L.S. | \$80,000.00 |
| 3 | Lehn Rd. Well Generator & ATS, Complete | Lump Sum | L.S. | \$124,036.00 | L.S. | \$127,900.00 | L.S. | \$155,133.00 | L.S. | \$163,000.00 | L.S. | \$159,583.26 | L.S. | \$115,000.00 |
| 4 | Craig Rd. Well Generator & 2 ATS's, Complete | Lump Sum | L.S. | \$221,381.00 | L.S. | \$198,000.00 | L.S. | \$214,131.00 | L.S. | \$293,000.00 | L.S. | \$280,542.50 | L.S. | \$205,000.00 |
| 5 | Maint. Bldg. Generator & ATS, Complete | Lump Sum | L.S. | \$80,197.00 | L.S. | \$74,600.00 | L.S. | \$81,566.00 | L.S. | \$121,000.00 | L.S. | \$107,967.75 | L.S. | \$78,000.00 |
| 6 | WWTP Generator & ATS, Complete | Lump Sum | L.S. | \$257,897.00 | L.S. | \$311,900.00 | L.S. | \$301,214.00 | L.S. | \$352,000.00 | L.S. | \$366,411.85 | L.S. | \$390,000.00 |
| Subtotal: | | | | \$853,750.00 | | \$853,900.00 | | \$931,077.00 | | \$1,084,500.00 | | \$1,096,446.86 | | \$908,000.00 |
| Plus 8.9% WA State Sales Tax: | | | | \$75,983.75 | | \$75,997.10 | | \$82,865.85 | | \$96,520.50 | | \$97,583.77 | | \$80,812.00 |
| Total Amount Bid: | | | | \$929,733.75 | | \$929,897.10 | | \$1,013,942.85 | | \$1,181,020.50 | | \$1,194,030.63 | | \$988,812.00 |

I certify that the above tabulation is a true and accurate record of bids received and read aloud at the City of Medical Lake Maint. Bldg. 801 S. Lefevre St. on August 21, 2025.

**Italics represent apparent error in extension.*


Thomas P. Haggarty, P.E. , Principal Engineer, E&H Engineering, Inc.