TOWN OF EAST GREENBUSH
VOUCHER
Tax Exempt ID #14-6002167

2026

Tax Exempt ID-#14-6002167

East Greenbush Police Department
225 Columbia Turnpike
Rensselaer, NY 12144

VOUCHER #	PO #	
	RESO 40-2025	
Acct	Fund	Amount
3120.4		15000.00
Total		**15,000.00**

Employee Signature

CLAIMANT'S NAME AND ADDRESS:

FLOCK GROUP, Inc.
P.O. Box 121923
Dallas, TX 75312-1923

If reference is made to an invoice, that invoice must be attached to this voucher. Detailed invoices may be attached, and total entered on this Voucher. Attached Invoices should be affixed to BACK of voucher. Cerification MUST BE SIGNED.

DATE	Invoice Date	INVOICE #	Quantity	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	TOTAL
1/9/2026	1/9/2026	INV-84185	5	FLOCK SAFETY LICENSE PLATE READER FALCON 2025-202	3,000.00	15,000.00
				DUE: 2/8/26		
				CHARGED JAN 14 2026		
				CC: FLOCK BM FILE		
				GRAND TOTAL		**15,000.00**

I, _____, certify that the above account in the amount of $_____ is true and correct; that the items, services and disbursements charged were rendered to or for the municipality on the dates stated, that no part has been paid or satisfied; that taxes, from which the municipality is exempt are not included; and that the amount claimed is actually due. I understand that payment for the above account may not be rendered until at least 30 days from date voucher is received in proper order by the Comptroller (Town Law #118, Town Law #119). I further understand that this Voucher is subject to the approval of the Comptroller and therefore all items purchased are subject to be returned within 60 Days from date of proper presentation of claim.

Date Signature Title

DEPARTMENTAL APPROVAL

The above services and/or materials were rendered or furnished to the Town of East Greenbush on the dates indicated and rhe charges are correct.

EAST GREENBUSH POLICE
Chief Elaine M. Rudzinski

Date JAN 09 2026 Authorized Official

COMPTROLLER APPROVAL FOR PAYMENT
Based on the information in the voucher, acclaimed to be true this claim is approved and paid from the appropriations indicated above.

1/15/26 CBS

Date Comptroller

Supervisor Approval (as required)

ELAINE M. RUDZINSKI
CHIEF OF POLICE

flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number INV-84185
Invoice Date: 1/9/2026
Due Date: 2/8/2026
Payment Terms: Net 30
PO#:
W-9 Form [Download]
Certificates of Insurance [Download]

Bill To: NY - East Greenbush Town PD
225 Columbia Tpke
Rensselaer, New York, 12144

Billing Company Name: NY - East Greenbush Town PD
Billing Contact Name: Elaine Rudzinski
Billing Email Address: chief@egpolice.org

Ship To: NY - East Greenbush Town PD
225 Columbia Tpke
Rensselaer, New York 12144

Payment Terms: Net 30
Contracted Billing Structure: Annual

Notes: Renewal - NY- East Greenbush Town PD - 2025: Year 1 of 24 Month Term, 2025 - 2026

Please note a minor change to our invoices starting February 1, 2025 updating product/SKU names listed in each line item. This change is only to naming conventions and will not affect the products, functionality, or services you receive from Flock Safety. Please update your payment system to reflect these new product/SKU names as needed.

ITEMS	QTY	UNIT PRICE	SALES TAX	TOTAL
Flock Safety Platform - Essentials	1	$0.00	$0.00	$0.00
Flock Safety LPR, fka Falcon	5	$3,000.00	$0.00	$15,000.00

Unless otherwise noted on the Order Form, the Term shall commence upon first installation and validation of Flock Hardware.
Link to Location of Services:

Subtotal:	**$15,000.00**
Sales Tax:	**$0.00**
Credit:	**$0.00**
Payments:	**$0.00**
Balance Due:	**$15,000.00**

If you have questions about your invoice, are providing an exemption certificate or need to update your billing contact information, please email billing@flocksafety.com or call 866-901-1781, option 3.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Flock Group, Inc.

2 Business name/disregarded entity name, if different from above.

Flock Safety

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Po Box 121923 (REMITTANCE) 1170 Howell Mill Rd NW Ste 21

6 City, state, and ZIP code

Dallas TX 75312-1923 Atlanta GA 30318

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

8	2	–	0	5	9	4	8	7	5

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** *Mark Smith* Mark Smith (Jan 23, 2025 12:09 PST) **Date** 01/23/2025

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/23/2025

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 MARSH RISK & INSURANCE SERVICES FOUR EMBARCADERO CENTER, SUITE 1100 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94111 CN134017657--GAUWE-25-26	**CONTACT NAME:** Antonia Rovai **PHONE (A/C, No, Ext):** 415-743-8059 **FAX (A/C, No):** 415-743-8080 **E-MAIL ADDRESS:** Antonia.rovai@marsh.com
INSURED Flock Group Inc DBA Flock Safety 1170 Howell Mill Rd NW Atlanta, GA 30318	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Berkley National Insurance Company — 38911 **INSURER B :** Federal Insurance Company — 20281 **INSURER C :** Homeland Insurance Company Of New York — 34452 **INSURER D :** QBE SPECIALTY INSURANCE COMPANY — 11515 **INSURER E :** Vantage Risk Specialty Insurance Company **INSURER F :** QBE Underwriting Ltd, Syndicate 5555

COVERAGES **CERTIFICATE NUMBER:** SEA-003980279-18 **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	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [X] PRO-JECT [ ] LOC OTHER:			VGL 9750843-10	10/23/2025	10/23/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	1,000,000 100,000 10,000 1,000,000 2,000,000 2,000,000
B	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			73655885	10/23/2025	10/23/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	1,000,000
D E F	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED X RETENTION $ 10,000			140010841 (Primary $3M) P03XC0000093270 ($3.5M p/o $7M) B0509MPSPB2504930 ($3.5M p/o $7M)	10/23/2025 10/23/2025 10/23/2025	10/23/2026 10/23/2026 10/23/2026	EACH OCCURRENCE AGGREGATE	$ $	10,000,000 10,000,000
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		71845256	10/23/2025	10/23/2026	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
C	Errors & Omissions/ Cyber			730000029-0001 SIR: $100,000	08/23/2025	08/23/2026	Limit:		5,000,000

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

Evidence of insurance.

CERTIFICATE HOLDER

Flock Group
DBA Flock Safety
1170 Howell Mill Rd NW
Atlanta, GA 30318

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

Marsh USA LLC

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RECEIVED

FEB 20 2025

EAST GREENBUSH POLICE

Town of East Greenbush

RESOLUTION 40-2025

A Resolution by the Town of East Greenbush Granting Permission (Upon New York State Department of Transportation (NYSDOT) Approval) to the East Greenbush Police Department to Install License Plate Reader Equipment Within the Geographical Jurisdiction of the Town of East Greenbush and the State of New York

WHEREAS, the Town of East Greenbush and the East Greenbush Police Department are proposing to install License Plate Reader equipment for Law Enforcement purposes only within State ROW, on or along:

Eastbound Turnpike at Sewer Treatment Plant
Northbound Genet School and Route 4
Route 4 at Hewitt's
Southbound Troy Road at Grandview Drive
Westbound 3rd Avenue Extension at Krey Boulevard,

located in the Town of East Greenbush (herein after Municipality), Rensselaer County; and

WHEREAS, the Municipality and the East Greenbush Police Department are desirous to have such above-mentioned equipment installed within the geographical jurisdiction of the Municipality; and

WHEREAS, the Municipality and the East Greenbush Police Department will meet all State and Municipal requirements during the above-mentioned project; and

WHEREAS, the Municipality and the East Greenbush Police Department reserves the rights to monitor and inspect the above mentioned project conducted within the geographical jurisdiction of the Municipality; and

WHEREAS, the East Greenbush Police Department will execute the above-mentioned project, as shown on the plans/maps and other documents related to the above-mentioned project funded by the 2023 Governor of NY Grant for New Technology and Equipment to Prevent and Solve Crimes and Improve Public Safety apportioned and approved for the Municipality or for the East Greenbush Police Department;

now, therefore, be it

RESOLVED, that the Municipality, by means of this Resolution, and upon NYSDOT approval, grants permission to the East Greenbush Police Department to conduct the above-mentioned project within State ROW and within the geographical jurisdiction of the Municipality;

and be it further

RESOLVED, that the East Greenbush Police Department shall maintain or cause to be maintained the installed equipment at the project location (s) and shall cover any expenses that may arise from the executing of the above-mentioned project utilizing the above-mentioned Grant or other Municipal funding; and

and be it further

RESOLVED, that Elaine M. Rudzinski, the Chief of Police of the East Greenbush Police Department has the authority to sign, with the concurrence of the Town's Legal Counsel and by the Town Board, any and all documentation that may be necessary as a result of the above-mentioned project as it relates to the Municipality; and

and be it further

RESOLVED, that the Clerk of the Municipality is hereby directed to electronically transmit signed, sealed, notarized, stamped and certified copy of the foregoing resolution to the East Greenbush Police Department for processing of and inclusion in a Law Enforcement Equipment (LEE) Application and Agreement with NYSDOT;

and be it further

RESOLVED, that this resolution shall take effect immediately.

The foregoing resolution was duly moved by Councilor Nestler and seconded by Supervisor Conway and brought to a vote resulting as follows:

Councilor E. Nestler	VOTED: YES
Supervisor J. Conway	VOTED: YES
Councilor H. Kennedy	VOTED: ABSENT
Councilor R. Matters	VOTED: YES
Councilor J. McHugh	VOTED: ABSENT

Dated: February 19, 2025

Approved: February 19,2025

The Town of East Greenbush

Office of the Town Clerk

Ellen Pangburn, Town Clerk
Sondra Tucker, Deputy Clerk

STATE OF NEW YORK
COUNTY OF RENSSELAER
TOWN OF EAST GREENBUSH

I, **Ellen Pangburn**, Town Clerk of the Town of East Greenbush, Rensselaer County, and State of New York do hereby certify that the foregoing is a true and correct copy of resolution 40-2025. Whereas, the East Greenbush Town Board has adopted said resolution on February 19, 2025, to Approve the Resolution by the Town of East Greenbush Granting Permission (Upon New York State Department of Transportation (NYSDOT) Approval) to the East Greenbush Police Department to Install License Plate Reader Equipment Within the Geographical Jurisdiction of the Town of East Greenbush and the State of New York.

I FURTHER CERTIFY, that such Resolution was adopted in full compliance with the laws of the State of New York.

IN TESTIMONY WHEREOF, I have here unto set my hand and affixed the seal of the Town of East Greenbush, this **20th Day of February, 2025.**

Ellen Pangburn

Ellen Pangburn
Town Clerk
Town of East Greenbush
Rensselaer County, New York