



Telecommunications Services Subscription Agreement

Midcontinent Communications Contact

Contact Name: Lynn Tordesen Phone # 605/214-3052 e-mail Address: lynn_tordesen@mni.net

Customer Information

Customer: City of Rapid City Contact Name: Lisa Seaman
 Billing Address: 300 6th St Phone Number: 605/394-120
 e-mail address: lisa.seaman@rcgov.org
 City/State/Zip: Rapid City, SD 57101 Social Security or Federal ID #:

Services Information

Services Ordered:

Customer's Initials

Service

- _____ Local Exchange Telephone Service (minimum 1 yr. required)
- _____ Internet Services ← *PLEASE INITIAL*
- _____ Long Distance Services
- _____ Toll Free Services
- _____ Telephone Answering Services
- _____ Paging Services
- _____ Cable TV Service
- _____ DMX
- _____ Rate Schedule
- _____ Long Term Discount Section
- _____ General Terms and Conditions

Long Term Discount Section:

1. Local Exchange Telephone Services
2. Internet Services
3. Long Distance Services
4. Toll Free Services
5. Telephone Answering Services
6. Paging Services

PLEASE PROVIDE

| Services | 1 | 2 | 3 | 4 | 5 |
|----------|----|----|----|----|----|
| 12 Month | 3% | 4% | 5% | 6% | 7% |
| 24 Month | 4% | 5% | 6% | 7% | 8% |
| 36 Month | 5% | 6% | 7% | 8% | 9% |

Signature

The parties hereby agree to be bound as provided in this Agreement, effective 3/11/03, for a term of _____, unless modified as provided herein.

Authorized Signature _____

Name _____

Title _____

Customer Name _____

Date _____

Lynn Tordesen
Authorized Signature

Lynn Tordesen
Name

Internet Support
Title

Midcontinent Communications
Midcontinent Communications

3/11/03
Date

PLEASE SIGN



Telecommunications Services Subscription Agreement

Customer Name: City of Rapid City Acct. #: _____ Date: 3/11/03

Telephone Services Rate Schedule

| | | | |
|--------------------------------|----------|--------------------------|----------|
| Long Distance Rate Per Minute: | \$ _____ | Monthly Toll Free Fee: | \$ _____ |
| Monthly Dialer Fees: | \$ _____ | Local Basic Line Rate: | \$ _____ |
| Toll Free Rate Per Minute: | \$ _____ | Monthly Feature Charges: | \$ _____ |
| SMART Management Reports: | \$ _____ | Set Up: | \$ _____ |
| Monthly Voicemail Service: | \$ _____ | | |
| Voicemail Set Up Fees: | \$ _____ | | |

High Speed Internet Access

| | | | |
|--------------------------|----------------------------|------------------------------|----------|
| Monthly Hosting Charge: | \$ _____ | Remote Dial Access Monthly: | \$ _____ |
| Installation Charges: | \$ <u>100⁰⁰</u> | Remote Dial Rate Per Minute: | \$ _____ |
| Monthly Internet Access: | \$ <u>120⁰⁰</u> | | |

(40 per day x 3 days) = 220⁰⁰ TOTAL PLEASE INITIAL
MAR 28-30, 2003

Paging Services

| | | | |
|-------------------------------|----------|---------------------|----------|
| Monthly Local Paging Service: | \$ _____ | Nationwide Charge: | \$ _____ |
| Monthly Lease Charge: | \$ _____ | Maintenance Charge: | \$ _____ |
| SD Regional Charge: | \$ _____ | E.S.P. Charge: | \$ _____ |
| Call Star Charge: | \$ _____ | Set up Charge: | \$ _____ |

If the subscriber should cancel or fail to make payments as contracted any time prior to the end of the 12 month period, the cost of the pager, \$ _____, will automatically be billed to the subscriber's account.

Subscriber's deposit of \$ _____ will be credited to subscriber's account on the month's statement if payment is received in a timely manner for each of the first _____ months.

Phone # of Pager Unit taken out by Customer: _____

CAP Code: _____

Channel: _____

Serial #: _____

Pager Type: _____

Service Areas: AB BK HR MT SF WT YK Other: _____

Cable/DMX Services

| | | | |
|-------------------------|----------|--------------------|----------|
| Cable TV Monthly Charge | \$ _____ | DMX Monthly Charge | \$ _____ |
| Cable TV Set Up Charge | \$ _____ | DMX Set Up Charge | \$ _____ |

Telephone Answering Services

| | | | |
|-------------------------|----------|---------------|----------|
| Monthly Charge | \$ _____ | Set up Charge | \$ _____ |
| Activity Overage Charge | \$ _____ | | |

APPROVED AS TO FORM
CITY ATTORNEY'S OFFICE

Jey 3-17-03
Attorney Date