

Q07019
12/20/07

JOLIET JUNIOR COLLEGE
REQUEST FOR QUOTATION
PRINTED ENVELOPES

Page 1 of 2

You are invited to submit a quote for PRINTED ENVELOPES. Please include delivery charges in your quote. The College is exempt from all sales tax. Please submit your quotation by 10:30 a.m. on January 11, 2008

Note: All quotes must be submitted on this form, backup may be attached.

You may fax your quote to:

Or mail it to:

(815) 280-6631
Attention: Judy Mitchell

Judy Mitchell
Director of Business & Auxiliary Services
Joliet Junior College
1215 Houbolt Rd
Joliet IL 60431

Further information may be obtained by contacting Judy Mitchell at (815) 280-6640.

Joliet Junior College reserves the right to award all items to one vendor or to multiple vendors depending on what is considered to be in the best interest of the College.

QUOTE SPECIFICATIONS:

Traffic Ticket Application/Envelope & Piggyback Label

Quantity: 100,000; 150,000; or 200,000

Size: 8 5/8" x 10 5/8"

Folded Size: 8 5/8" x 3 5/8"

Printing: Envelope – Side 1 – black & PMS 287 Blue; Side 2 – Black
Piggyback Label – Black

Paper: Envelope – 24lb. White Wove
Label – Pressure-sensitive White Litho Label on peel-off carrier

Fulfillment: Tip-On Piggyback Label onto Envelope (in Return Address area)

Bindery: Score and fold Instruction Form under "Read All Instructions" panel

Photocopy of envelope attached. If you would like to view the original envelope please stop in the Business & Auxiliary Services Office of Joliet Junior College, 1215 Houbolt Road, Joliet, IL.

Envelopes are needed by February 1, 2008.

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Turnaround Time: _____

<u>QUANTITY</u>	<u>UNIT COST</u>	<u>TOTAL COST</u>
100,000	\$ _____	\$ _____
150,000	\$ _____	\$ _____
200,000	\$ _____	\$ _____

FIRM

SIGNATURE

ADDRESS

PRINTED NAME

CITY STATE ZIP

DATE PHONE NO.

E-MAIL ADDRESS

FAX NO.

Results from this quote may be viewed at the following URL: www.jjc.edu/purchasing

**APPLICATION FOR COURT SUPERVISION
AND DRIVER SAFETY PROGRAM**

COUNTY OF WILL) SS

I, _____ (OUR NAME) certify under the penalty of perjury, pursuant to 735 ILCS 5/1-109 as follows:

I UNDERSTAND THAT ANY FALSE STATEMENT ON THIS AFFIDAVIT MAY SUBJECT ME TO A CONTEMPT OF COURT PROCEEDINGS AND/OR A FELONY COMPLAINT BEING FILED AGAINST ME FOR THE CRIMINAL OFFENSE OF PERJURY.

I have not attended the 4 HOUR DRIVER SAFETY PROGRAM as part of Court Supervision within the last 12 months in any court for a traffic violation of any state statute or similar municipal ordinance.

I further understand that I do hereby PLEAD GUILTY to said offense as charged, WAIVE my constitutional rights as set forth in the traffic charge received AND that my plea of guilty will be accepted and a conviction entered if my driving record indicates that I have attended the 4 HOUR DRIVER SAFETY PROGRAM as part of Court Supervision within the past 12 months.

I further understand that if I am not eligible OR fail to timely complete the 4 HOUR DRIVER SAFETY PROGRAM OR have attended the 4 HOUR DRIVER SAFETY PROGRAM within the past 12 months OR violate the law for another traffic violation within my Court Supervision period OR fail to pay the appropriate fine, costs, or fees, that a conviction will be entered against me and reported to the Secretary of State for inclusion on my driving record.

Sign Here: X _____

Date: _____

The Driver Safety Program: Your class assignment form will be mailed to you in approximately 30 days. It is not necessary to call the Driver Safety Program office to schedule a class time. Some class sites have limited or restricted schedules. Sign language interpretation is available upon request. Your requests will be honored, if possible, or the closest possible change will be made. **The Driver Safety Program reserves the right to place you into a different time, day and location on an as needed basis.** If you are unable to attend your scheduled class, immediately call the Driver Safety Program Office and reschedule. (You may reschedule one time at no charge.) You must call 24 hours prior to the date stamped on your class assignment form to reschedule, or a \$10 rescheduling fee will be charged. If you miss or are late for your class, YOU MUST reschedule a new class and pay \$10 within 10 days of your scheduled date or a conviction will be reported.

Driver Safety Program - Joliet Junior College
214 N. Ottawa Street, Joliet, IL 60432
(815)280-1401
Hours: 8:00a.m. - 4:00p.m. Monday - Friday

DRIVER SAFETY PROGRAM INSTRUCTIONS -

Complete this side only if you chose Box B.

REGISTRATION FORM FOR THE DRIVER SAFETY PROGRAM

PUT AN X IN THE BOX OF YOUR CHOICE FOR QUESTIONS 1-7 BELOW.

TO REGISTER: Complete the Registration Form below. This form must be received by the Circuit Clerk not later than 5 business days prior to your assigned court date along with the applicable fee (money order or cashier check must be payable to CLERK OF THE CIRCUIT COURT. Do not send cash or personal check). Use this envelope.

1. What is your choice of language?
 English Spanish
2. What day do you want to attend class?
 Monday Tuesday Wednesday Thursday Saturday
(no 6p.m. classes on Saturday)
3. What time do you want to attend class?
 8a.m. 1p.m. 6p.m.
4. Where would like to attend class?
 University Park Romeoville/Bolingbrook Joliet (west side) Joliet (Downtown)
 Outside of Will County
5. What is most important to you?
 Day of week Time of day Class location
6. Do you require a facility that has disabled access?
 Yes No
7. Do you require a Sign Language interpreter?
 Yes No

* The Driver Safety Program reserves the right to place you into a different time, day and location on an as needed basis.

PLEASE PRINT ALL INFORMATION IN THIS SECTION.

LASTNAME	FIRSTNAME	MIDDLE INITIAL
STREET NUMBER AND NAME		APARTMENT NO.
CITY	STATE	ZIP CODE
DATE OF BIRTH	DRIVERS LICENSE NUMBER	STATE
SOCIAL SECURITY NUMBER	DAYTIME PHONE	EVENING PHONE
TICKET NUMBER	TICKETED DATE	

PERFORATED

DID YOU REMEMBER TO:

- Mark Box A, B, or C.
- Sign the form if you chose Box A or B.
- Include payment as described in #3 above if you chose Box A or B (Do not send cash or personal check.)
- Complete the Driver Safety Program Registration form if you chose Box B.
- Detach and return the flap in this envelope.
- Print your return address on the opposite side of this envelope.
- Send the BLUE copy of the ticket(s); retain the yellow copy for your records.
- Do not send accident reports.

TRAFFIC TICKET INSTRUCTIONS

YOU MAY NOT HAVE TO GO TO COURT IN PERSON. MAKE YOUR CHOICE AND FOLLOW THE DIRECTIONS BELOW.

Read all the information below in paragraphs 1-7 before making your decision.

YOUR THREE CHOICES:

- A Plead Guilty, Pay \$75, unless complaint is for speeding 21-30 miles per hour over the speed limit, then pay \$95. Conviction is reported to the Secretary of State. Place your signature in the box at the right, DO NOT APPEAR IN COURT.
- B Avoid a Conviction On Your Driving Record, Plead Guilty. Register for the Driver Safety Program. Pay \$115, nonrefundable. Motorists charged with driving 21-30 miles over the posted limit must pay an additional \$20 for a total of \$135, nonrefundable. Place your signature in the box at the right, fill out the reverse side of this flap and mail in this envelope. To pay by credit card, visit www.willcountycircuitcourt.com. This form must be mailed in. DO NOT APPEAR IN COURT.
 - Check here if paid by credit card. Confirmation Number _____
- C Plead Not Guilty and Request A Hearing Before A Judge. Refer to your blue ticket for directions. DO NOT USE THIS DOCUMENT. DO NOT APPEAR IN COURT UNTIL YOUR _____

If you marked box A or B, you must read and sign the following:

I plead guilty and waive my right to a hearing. If I have marked box B, I understand that if I am not eligible for or do not complete the Driver Safety Program:

- A conviction for this complaint will be reported to the Secretary of State without notice of hearing, and
- the non-refundable fee will be accepted by the court.

If I have posted cash bail I understand that it will automatically be applied to the applicable fines/costs. I have included the balance owed in the form of money or cashier check.

X
YOUR SIGNATURE _____ DATE _____

REMEMBER: The Clerk of the Circuit Court of Will County must receive your request not later than 5 business days prior to your assigned court date.

-READ ALL INSTRUCTIONS-

1. Use this envelope UNLESS your complaint is marked "YOU MUST APPEAR IN COURT." You have three choices. Read them carefully and put an X in one of the boxes above, follow the instructions and mail this envelope.
2. This form (AND PAYMENTS FOR CHOICES A OR B) must be received not later than 5 business days prior to your assigned court date or your fine may increase and your driving privileges may be suspended.
3. PAYMENT OPTIONS. (DO NOT SEND CASH or PERSONAL CHECK)

Accepted methods of payment: money order, cashier check, or by using a credit card at www.willcountycircuitcourt.com.
4. All forms of payment must be made payable to "CLERK OF THE CIRCUIT COURT".
5. To register for the Driver Safety Program, Court Supervision, and to avoid a conviction on your driving record, mark box B, place your signature in the box above

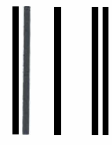
FOLD

FOLD

PRINT First and Last Name

Address

City, State Zip



Fit-Class Postage Required
Post Office will not deliver without proper postage.

Piggyback Label

TO: CLERK OF THE CIRCUIT COURT OF WILL COUNTY
14 W. JEFFERSON STREET
JOLIET, IL 60432-4359

