



5010 F Street
Omaha, NE 68117

FIND US ON



A-16

Date 7-16-2016
Job # 114442

Customer PO#

Customer Name: Public Works	Phone No. 402-917-0593
Job Address 8110 Park View Boulevard	Email Address
City, State, Zip LaVista NE 68128	Billing Address (if different) 4900 Portal Rd - Billing

SUMMARY: Emergency Water Main Break for Firestation, and City offices. Fixed on Spot TURNED on and Blew Another Hole in Pipe, dug up more Pipe and Replaced with New Piece of Pipe, Backfilled, Dirt and Seed

WORK AUTHORIZATION: I the undersigned, am owner/authorized representative/tenant of the premises at which the work above is being done. I hereby authorize you to perform the above recommendation, and to use such labor and materials as you deem advisable. Unless prior authorization for billing, payment for all work done is due upon completion (C.O.D.). A \$10.00 BILLING CHARGE is due thereafter. An office billing charge and/or finance charge of 1.75% per month (21% per annum) will be added after 10 days past due. I agree to pay reasonable attorney's fees, court costs and collection fees in the event of legal action. I have read this contract, including the terms and conditions on the reverse side hereof and agree to be bound by all the terms contained herein. All old parts will be removed from premises and discarded, unless otherwise specified herein.

I HEREBY AUTHORIZE YOU TO PROCEED WITH THE ABOVE WORK AT THE UP FRONT FEE OF \$ **10,273.47**

Signature:

Qty	Task#	Description	Rate
		1st Day- OT Labor - Bruce 4 HRS X 135 ⁰⁰	540 ⁰⁰
		Bac. Khoe and operator 6.5 X 300 ⁰⁰	1950 ⁰⁰
		Plumbers - Roger 6.5 X 135 ⁰⁰	810 ⁰⁰
		Tom 6.5 X 135 ⁰⁰	817 ⁵⁰
		Solomon 6.5 X 135 ⁰⁰	817 ⁵⁰
		Dump TRUCK and Driver. Tel 6.5 X 195 ⁰⁰	1267.50
		2nd Day Clean up and Dirt & Seed Compact 4 men = 13 man HRS X 95 ⁰⁰	1235 ⁰⁰
		MATERIAL, Pipe, Fittings, Rock, Dirt, Seed, Dumping	2715.97



MC Visa Disc AmEx Auth #: _____

Card#: Exp:

Financed

Bill Customer

Please pay from this invoice - Work performed C.O.D.

ACCEPTANCE OF WORK PERFORMED: I acknowledge satisfactory completion of the above described work and that the premises has been left in satisfactory condition. I understand that if my check does not clear, I am liable for the check and any charges from the bank. I agree to pay 1.75% per month for past due contracts (minimum charge \$15) in the event that collection efforts are initiated against me. I shall pay for all associated fees at the posted rates as well as all cost of collection fees and reasonable attorney fees. I agree that the amount set forth in the space marked "TOTAL COST" is the total flat price I have agree to.

Signature:

PAYMENT 1 Cash Check Check #: _____

PAYMENT 2 Cash Check Check #: _____

I decline to have the recommended work performed at this time:

Signature: _____ Date: _____

CUSTOMER SERVICE IS OUR #1 FOCUS

If you are not completely satisfied for any reason, please call and speak with the Service Manager.

Your feedback is very important to us.

**THANK YOU
FOR CHOOSING US!!**

Consent Agenda 8/1/19

CUSTOMER COPY