

VEGETATION MANAGEMENT



PROFESSIONAL CONSULTANTS

LAKE SURVEYS

FOUNTAINS

FISH MANAGEMENT

AERATION SYSTEMS

Phone 219-476-7663

Fax 219-476-9025

4511 Evans Avenue
Valparaiso, IN 46383

Town of Munster: Centennial Park Winter Maintenance

SOLD TO:

Mr. Kevin Dark
Centennial Park
Town of Munster
508 Fisher St.
Munster, IN 46321

SHIP TO:

Kevin Dark
Centennial Park
508 Fisher St.
munster, IN 46321

219-896-6928

Quotation # 400645

Contact ID: D2BE89EF-1AD3-394B-AD27-

IN RESPONSE TO YOUR INQUIRY WE ARE PROVIDING THE FOLLOWING QUOTATION

Product ID	Description	Quantity	UOM	Price	Ext. Price
AMMAIN	FOUNTAIN WINTER REMOVAL, ROUTINE MAINTENANCE, STORAGE, AND INSTALL. Does not include light bulb replacement or any additional repairs. If needed these will be quoted separately. If a removal date later than November 1st is requested, an additional fee of \$200.00 per unit will be charged.	2		\$375.00	\$750.00
AMMAIN	(Royal) FOUNTAIN WINTER REMOVAL, ROUTINE MAINTENANCE, STORAGE, AND INSTALL. Does not include light bulb replacement or any additional repairs. If needed these will be quoted separately. If a removal date later than November 1st is requested, an additional fee of \$200.00 per unit will be charged.	1		\$1,368.00	\$1,368.00

Notes

2024/25 Fountain Winter Maintenance program. Please reply by October 4th. Removal dates are from October 7th through November 15th. Requests for specific removal dates are on a first come first served basis, and weather permitting.

	Sub Total	\$2,118.00
	Shipping Cost	
Tax Rate %	Tax	
	Grand Total	\$2,118.00

Quotation By: Authorized Signature: _____
 Name: Steven J. Lee Quotation Date: 9/6/2024 Contact Name: _____ Date Signed: _____

METHOD OF PAYMENT: Please do not send cash.

I've enclosed a check or money order, made payable to Aquatic Control, Inc. in the amount of \$_____.
Returned checks are subject to a service charge for the greater of \$25 or the maximum amount allowed by state law.

You may charge my credit card for these products or services. I am providing the following information:

Card Number _____ Expiration _____ / _____ Security Code (from back of card) _____
Cardholder Signature _____ Amount Paid _____