



# CONDITIONS AND REQUEST FOR PAYMENT

**Conditions:** (List physical conditions required for acceptance):

Fee Simple  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Terms for Payment:**

Owner's request for payment in the amount of:     \$450.00    

**Owner's Mailing Address:**     13003 S 133<sup>rd</sup> E Ave., Broken Arrow, OK 74011    

- Owner Requests Check:**
- Mailed to above address by Certified Mail
  - Mailed to above address
  - Call me and I will pick it up
  - Delivered by Agent

**Check Payable to:**     Karen Foster  
~~Roy and Wilma Jean Foster Revocable Living Trust~~    

**Signature/Date:**

**Owner/s:**     Karen Foster     **Date:**     2/14/25    

**Agent:**     Karen L. Pax     **Date:** \_\_\_\_\_

**Project:**     2154300 Willow Springs Lift Station Replacement, Parcel 3.A