



CONDITIONS AND REQUEST FOR PAYMENT

Conditions: (List physical conditions required for acceptance):

Requests a 10'-15' radius on new driveway entrance.

Fee Simple

Terms for Payment:

Owner's request for payment in the amount of: \$4,720.00

Owner's Tax Identification Number: 447 72 6840

Owner's Mailing Address: 4404 W Washington St., Broken Arrow, OK 74012

Owner Requests Check: ☐ Be mailed to above address by Certified Mail

☐ Be delivered by Agent

pick up

Check Payable to: Lisa Winham

Signature/Date:

Owner/s: *[Signature]*

Date: 7/19/2018

Agent: Karen L. Pax *[Signature]*

Date: 7/19/18

Project: Washington Street: Garnett-Olive ST1616 Parcel 7