



CONDITIONS AND REQUEST FOR PAYMENT

Conditions: (List physical conditions required for acceptance):

Fee Simple \$4,170.00

Damages 200.00

Terms for Payment:

Owner's request for payment in the amount of: \$4,370.00

Owner's Tax Identification Number: 444 34 3417

Owner's Mailing Address: 14107 E 111th St So., Broken Arrow, OK 74011

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

Check Payable to: Jimmy Staires

Signature/Date:

Owner/s:

Jimmy Staires

Date:

Agent: Karen L. Pax

Date:

Project: Florence Street Improvements: Olive to Aspen ST1410 Parcel 6