



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: \$320.00

Owner's Mailing Address: P.O. Box 1302 Broken Arrow 74013

Owner Requests Check:



Be mailed to above address by Certified Mail



Be delivered by Agent

Check Payable to:

K.C. : Brenda Nickels

Signature/Date:

Owner/s:

K.C. Nickels

Brenda K. Nickels

Date: 11-8-18

11-8-18

Agent: Karen L. Pax

Date: _____

Project: County Line Trunk Sewer Replacement S.1609A Parcel 8