



Bob Ray Company, Inc.

"No Job Too Small, No Tree Too Tall"

www.bobrayco.com

Customer Name Lou Metro Attn: Russ Date 11-16-2015
 Phone _____ Cell 565-6628 Fax _____
 Job Location Beals Branch & Kenilworth City _____ State _____ Zip _____
 Billing Address (If different) on file Email _____

-Specifications for Contract (or) Estimates -

Loc: 333 Kenilworth Ave.

- 1). Remove (1) 17" dbh Willow tree with stump. \$432.00
- 2). Remove dead Arborvitae tree on left property line. N/C

Loc: Remove trees in medians @ 3210 Beals Branch Road

- 1). Remove (11) trees (12"-18") with stumps. \$4752.00
- 2). Remove (2) trees (18"-24") with stumps. \$1536.00

*OK to
Ray.
Bill
Helson*

We propose to furnish material, labor and equipment to complete work in accordance with above specifications. The Bob Ray Co., Inc.'s estimated cost of the performance of the tasks presented above is \$_____. Should there be any reason to modify the scope of work, the Bob Ray Company, Inc. will seek your approval with a revised estimated cost before commencing any such additional work.

All work is to be completed in a workmanlike manner. All agreements are contingent upon weather, accidents and other delays beyond our control. See reverse side for the terms and conditions of work to be performed. The above price(s) and specification(s) are satisfactory and hereby accepted. You are authorized to do the work as specified.

This agreement and any noted attachments constitutes the entire agreement between the Bob Ray Co., Inc. and the below signed concerning the subject matter hereof. This agreement supersedes all prior agreements, discussions, representations, warranties and covenants between the Parties with respect to the above specified work. There are no warranties, representations, covenants or agreements, expressed or implied, between the parties except those expressly set forth in this agreement. Any amendments or modifications of this agreement shall be in writing and executed by the contracting parties.

Your signature below will constitute a binding contract.

Representative's Signature Adam Palmer Customer's Signature _____
 Date 11-16-2015 Date _____



CIF, NDF, MAP OR PAV INTERAGENCY CHECKLIST

Interagency Name: Develop Louisville

Program/Project Name: Tree removal at 333 Kenilworth

	Yes/No/NA
Request Form: Is the Request Signed by all Council Member(s) Appropriating Funding?	Yes
Request Form: If matching funds are to be used, are they disclosed with account numbers in the request form description?	NA
Request Form: If matching funds are to be used, does the amount of the request exclude the matching fund amount?	NA
Request Form: If other funds are to be used for this project, are they disclosed with account numbers in the request form description?	NA
Funding Source: If CIF is being requested, does Metro Louisville own/will own the real estate, building or equipment? If not, the funding source is probably NDF.	Yes
Funding Source: If CIF is being requested, does the project have a useful life of more than one year? If not, the funding source is probably NDF.	Yes
Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required.	NA
Ordinance Required: Is the request a transfer from NDF to cost center? If so, is the amount given for the fiscal year \$25,000 or less?	No
Supporting Documentation: Does the attachment include a valid estimate and description of cost?	Yes

Prepared by:



Date: November 30, 2015