



*At Your Service*

### Invoice Request Form

Today's Date: February 21, 2020

Person/Business to be invoiced:

Name:

Address:

Phone:

Contact Person:

Description: (Include date, listing of damage/work done, equipment/supplies used and cost)

**INVOICE**

**2/5/2020**

**Hit a Fire Hydrant**

**1417 Fisher St.**

Qty.	Description	Price per unit
1	Mueller 4.5' Hydrant	\$2,462.14
1	Swivel Adapter 6"x13"	\$193.00
2	MJ Gland Kit 6" @ \$22.00 each	\$44.00
2	Man power to secure site /OT hrs 2 hrs	\$ 377.76
5	Man power hydrant install & restoration 6 hrs	\$ 893.02
	Dirt & seed	\$ 100.00
1	Work Van #417 \$26.70 per hr 2 hrs	\$ 53.40
1	Back hoe #440 \$27.25 per hr 7 hrs	\$ 190.70
1	Pickup truck #415 ! \$19.95 per hr 5 hrs	\$ 99.75
1	1 Ton dump truck #423 \$42.25 per hr 6 hrs	\$253.50
1	Utility Truck #450 \$31.50 per hr 5 hrs	\$157.50
1	Vactor #466 \$86.50 per hr 5 hrs	\$432.50
	<b>Total</b>	<b>\$5,257.27</b>

Signature of Acceptance

Please attach all supporting paperwork with documentation of costs and forward to the Clerk's Office. Thank you.



Allstate Insurance Company - Claims Payment Processing  
P.O. Box 650048, Dallas, TX 75265, United States



CITY OF MUNSTER  
1005 RIDGE RD  
MUNSTER IN 46321-1849



05/12/2020

CITY OF MUNSTER,

ENCLOSED PLEASE FIND PAYMENT IN THE AMOUNT OF \$4,494.98 FOR YOUR LOSS ON 2/5/2020.  
PLEASE REFERENCE CLAIM DETAILS BELOW.

CLAIM NUMBER: 0579575472

DATE OF LOSS: 02/05/2020

In payment for Property Damage Liability for Date of Loss 2/5/2020.

ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY  
1-800-255-7828



3-2055SW

0000020200512001762ZCT02001001001887

CLAIMANT: CITY OF MUNSTER  
IN PAYMENT OF LOSS ON 2/5/2020.

PAY: FOUR THOUSAND FOUR HUNDRED NINETY-FOUR DOLLARS AND  
NINETY-EIGHT CENTS



TO THE CITY OF MUNSTER  
ORDER 1005 RIDGE RD  
OF MUNSTER IN 46321-1849

CLAIM NUMBER		149089011
0579575472		
TAX ID	EMPLOYEE ID	64-1278 611
	DYDO	
Bank of America NA Atlanta, DeKalb Cty, Georgia	Bank of America Customer Connection	

\$ 4,494.98

INVOICE NUMBER	MCO	DATE ISSUED
0579575472	6820	05/12/2020

COMPANY: ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY

*Amren K. Gupta*  
*Samuel D. Pelt*

AUTHORIZED SIGNATURES



VOID IF NOT PRESENTED WITHIN THREE HUNDRED, SIXTY-FIVE DAYS OF DATE OF ISSUE