

LAKE SURVEYS

Phone 219-476-7663

Fax 219-476-9025

Quote for 2022/23 Fountain Winter Maintenance

PROFESSIONAL CONSULTANTS

FOUNTAINS

AERATION SYSTEMS

Mr. Kevin Dark
Parks Department
Town of Munster
508 Fisher St.
Munster, IN 46321

Kevin Dark
Town of Munster
508 Fisher St.
Munster, IN 46321

219-896-6928

Quotation # 325796

IN RESPONSE TO YOUR INQUIRY WE ARE PROVIDING THE FOLLOWING QUOTATION

Contact ID: D2BE89EF-1AD3-394B-AD27-


Product ID	Description	Price	Quantity	UOM	Ext. Price
AMMAIN	FOUNTAIN WINTER REMOVAL, ROUTINE MAINTENANCE, STORAGE, AND INSTALL. Does not include light bulb replacement or any additional repairs. If needed these will be quoted separately. If a removal date later than November 1st is requested, an additional fee of \$125.00 per unit will be charged.	\$375.00	2		\$750.00
AMMAIN	FOUNTAIN WINTER REMOVAL, ROUTINE MAINTENANCE, STORAGE, AND INSTALL. (Royal unit) Does not include light bulb replacement or any additional repairs. If needed these will be quoted separately. If a removal date later than November 1st is requested, an additional fee of \$125.00 per unit will be charged.	\$1,368.00	1		\$1,368.00

Notes

This quote is for the 2022/23 season.

Please reply by October 7th. Removal dates are October 10th through November 11th. Requests for specific removal dates are on a first come first served basis and weather permitting.

Sub Total	\$2,118.00
Shipping Cost	
Tax	
Grand Total	\$2,118.00

Quotation By:  Authorized Signature: _____
Name: Steven J. Lee Quotation Date: 4/28/2022 Contact Name: _____ Date Signed: _____

METHOD OF PAYMENT: *Please do not send cash.*

☐ I've enclosed a check or money order, made payable to Aquatic Control, Inc. in the amount of \$_____.
Returned checks are subject to a service charge for the greater of \$25 or the maximum amount allowed by state law.

☐ You may charge my credit card for these products or services. I am providing the following information:

Card Number _____ Expiration _____ / _____ Security Code (from back of card) _____

Cardholder Signature _____ Amount Paid _____

VEGETATION MANAGEMENT

LAKE SURVEYS

FISH MANAGEMENT



PROFESSIONAL CONSULTANTS

FOUNTAINS

AERATION SYSTEMS

Phone 219-476-7663

Fax 219-476-9025

4511 Evans Avenue
Valparaiso, IN 46383

Winter fountain maintenance for 2022/23

Ms Laura Pramuk
Town of Munster
508 Fisher St.
Munster, IN 46321

Laura Pramuk
Town of Munster
1005 Ridge Road
Munster, IN 46321

219-836-6970

Quotation # 325800

Contact ID: C0259944-CF11-C249-B77E-

IN RESPONSE TO YOUR INQUIRY WE ARE PROVIDING THE FOLLOWING QUOTATION

Product ID	Description	Price	Quantity	UOM	Ext. Price
FOMAIN	OTTERBINE FOUNTAIN WINTER REMOVAL, ROUTINE MAINTENANCE, STORAGE, AND INSTALL. Does not include light bulb replacement or any additional repairs. If needed these will be quoted separately. If a removal date later than November 1st is requested, an additional fee of \$125.00 per unit will be charged.	\$375.00	2		\$750.00
AMMAIN	FOUNTAIN WINTER REMOVAL, ROUTINE MAINTENANCE, STORAGE, AND INSTALL. Does not include light bulb replacement or any additional repairs. If needed these will be quoted separately. If a removal date later than November 1st is requested, an additional fee of \$125.00 per unit will be charged.	\$375.00	14		\$5,250.00
AMMAIN	FOUNTAIN WINTER REMOVAL, ROUTINE MAINTENANCE, STORAGE, AND INSTALL. (Aquarius) Does not include light bulb replacement or any additional repairs. If needed these will be quoted separately. If a removal date later than November 1st is requested, an additional fee of \$125.00 per unit will be charged.	\$1,368.00	1		\$1,368.00

Notes

This quote is for the 2022/23 season.

Please reply by October 7th. Removal dates are from October 10th through November 11th. Requests for specific removal dates will be taken on a first

Sub Total \$7,368.00
Shipping Cost
Tax Rate % Tax
Grand Total \$7,368.00

Quotation By:

Authorized Signature:

Name:

Steven J. Lee

Quotation Date: 4/28/2022

Contact Name:

Date Signed

METHOD OF PAYMENT: Please do not send cash.

☐ I've enclosed a check or money order, made payable to Aquatic Control, Inc. in the amount of \$_____.
Returned checks are subject to a service charge for the greater of \$25 or the maximum amount allowed by state law.

☐ You may charge my credit card for these products or services. I am providing the following information:

Card Number _____ Expiration _____ Security Code (from back of card) _____

Cardholder Signature _____ Amount Paid _____