AQUATIC CONTROL
Est. 1966

Phone 219-476-7663   Fax 219-476-9025

4511 Evans Avenue

Valparaiso, IN 46383

Town of Munster Fountain Winter Maintenance

SOLD TO:
Mr. Robert Valois
Town of Munster
508 Fisher St.
Munster, IN 46321

SHIP TO:

Robert Valois
Town of Munster
1005 Ridge Road
Munster, IN 46321

219-836-6900

Quotation # 431995

Contact ID: BA786FF2-B87A-EF44-9120-

IN RESPONSE TO YOUR INQUIRY WE ARE PROVIDING THE FOLLOWING QUOTATION

Product ID	Description	Quantity	UOM	Price	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 $200.00 per unit will be charged.	16		$425.00	$6,800.00
AMMAIN	(Aquarius) 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 $200.00 per unit will be charged.	1		$1,418.00	$1,418.00

Notes

2025/26 Fountain Winter Maintenance program. Please reply by October 1st. Removal dates are from October 6th through November 14th. Requests for specific removal dates are on a first come first served basis, and weather permitting.

Sub Total	$8.218.00
Shipping Cost	
Tax Rate %	
Tax	
Grand Total	$8.218.00

Quotation By: _Nick J Pearce_

Name: Nicholas J. Pearce   Quotation Date: 9/4/2025   Contact Name: _____   Date Signed _____

Authorized Signature: _____

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 _____