

DATE: 6/20/2017

Page: 5

BID NO.: 50-00119966

**BID FORM**  
Non Public Works

**All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form**

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES \_\_\_\_\_ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED \_\_\_\_\_%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF \_\_\_\_\_.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

9-11 DAYS

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: Cisco

ADDRESS: 1840 LTA RD.

CITY, STATE: METRIE, LA ZIP: 70001

TELEPHONE: (504) 835-7319 FAX: (504) 832-0820

EMAIL ADDRESS: JEFF@CISCO.ME.COM

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ 93948.76

AUTHORIZED SIGNATURE: [Signature]

JEFF DEVLIVEN

TITLE: SALES

Printed Name

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00119966

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	10.00	EA	ONE (1) YEAR CONTRACT FOR THE SUPPLY OF WATER METER BOXES, LID ASSEMBLIES, AND VALVE BOX TOPS AND CAPS FOR THE JEFFERSON PARISH DEPT. OF PUBLIC WORKS AND DEPT. OF WATER, EAST AND WEST BANK  0020 - FORD YOKEBOX UPPER BODY CASTING ONLY, FOR 5/8 INCH BY 3/4 INCH WATER METERS, SHALLOW BOXES, STRAIGHT INLET FORD #YUC-7 (38556)	21.88	218.80
2	50.00	EA	0030 - GRADE ADJUSTERS FOR FORD YOKEBOX, ADJUSTS FROM 1-1/4 INCH TO 3 INCH TO GRADE, STAINLESS STEEL SET SCREWS FOR ATTACHMENTS TO YOKEBOX TOP FORD #9501 (38557)	20.25	1012.50
3	120.00	EA	0040 - LOCKLESS LIDS - TO FIT 5/8 INCH BY 3/4 INCH FORD YOKEBOX, CATALOG #FLYP1 TO FIT 5-5/8 INCH BY 9-1/8 INCH OPENING FORD #YLL (38352)	10.61	1273.20
4	2,000.00	EA	0060 - CAST IRON METER BOX AND COVER ASSEMBLIES, FOR 3/4 INCH AND 1 INCH METERS OVAL SHAPE BOX DIMENSIONS: 19-1/4 IN L X 10-3/8 IN W X 11-3/8 IN H COVER DIMENSIONS: 18-5/16 IN L X 9-5/8 IN W X 2 IN H SIGMA #MB281 (38550)	28.55	57100 <sup>-</sup>
5	100.00	EA	0070 - REPLACEMENT COVERS ONLY, 3/4 INCH AND 1 INCH CAST IRON METER BOXES OVAL SHAPE 18-5/16 IN L X 9-5/8 IN W BY 2 IN H SIGMA #MB281 (38351)	10.25	1025 <sup>-</sup>
6	480.00	EA	0090 - VALVE BOX TOPS AND CAPS, CAST IRON MATERIAL, TYLER 461-S, WITH 10 INCH TOP SECTION BY 9 INCH DIAMETER SIGMA #VB2611 AND VB2600W (64001)	12.90	6192 <sup>-</sup>
7	35.00	EA	0100 - VALVE BOX TOPS AND CAPS, CAST IRON MATERIAL, TYLER 461-S, WITH 16 INCH TOP SECTION BY 9 INCH DIAMETER SIGMA #VB2621 AND VB260W (64002)	17.50	612.50
8	125.00	EA	0110 - CAST IRON METER BOX AND COVER ASSEMBLIES, FOR 2 INCH METERS	71 <sup>00</sup>	8875 <sup>-</sup>

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00119966

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
9	100.00	EA	SIGMA #MB283 (38330)  0120 - REPLACEMENT COVERS ONLY, 2 INCH CAST IRON METER BOX, SIP INDIA,	24 <sup>00</sup>	2400 <sup>-</sup>
10	12.00	EA	VULCAN VMB-3 OR SIGMA MB283 (38361)  0130 - 17 INCH X 30 INCH X 18 INCH RECTANGULAR HIGH PERFORMANCE STRUCTURAL	171.23	2054.76
11	500.00	EA	POLYOLEFIN VALVE BOX WITH LOCKING STAINLESS STEEL BOLTS, STRUCTURAL RIBS, DROP-IN METER COVER AND UV INHIBITOR, BLACK/BLACK, BOTTOM MEASURE: 40-1/2 INCH BY 27-1/4 INCH WIDE NDS BRAND #126BCDMB (38335)  0140 - COVER ONLY WITH 2 INCH HOLE TO FIT EXISTING SIGMA BRAND #MB281 (38349)	7.49	3745 <sup>-</sup>
12	500.00	EA	0150 - CAST IRON METER BOX, LESS COVER FOR 3/4 INCH AND 1 INCH WATER METERS, OVAL SHAPE BOX; DIMENSIONS: 19-1/4 INCH LONG X 10-3/8 WIDE X 11-3/8 IN. HEIGHT, SIGMA #MB281 (LESS COVER)	18.88	9440 <sup>-</sup>

**CORPORATE RESOLUTION**

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
CIMSCO, INC.  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF CIMSCO, INC.  
INCORPORATED, DULY NOTICED AND HELD ON November 1, 2016  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT Jeffrey De Villiers, BE AND IS HEREBY  
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-  
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON  
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS  
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,  
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE  
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,  
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES  
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS  
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING  
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-  
FACT.

I HEREBY CERTIFY THE FOREGOING TO BE  
A TRUE AND CORRECT COPY OF AN  
EXCERPT OF THE MINUTES OF THE ABOVE  
DATED MEETING OF THE BOARD OF  
DIRECTORS OF SAID CORPORATION, AND  
THE SAME HAS NOT BEEN REVOKED OR  
RESCINDED.

Ashley Ruwera

**SECRETARY-TREASURER**

7/7/17

**DATE**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/19/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> E B Ducasse Insurance Agency, Inc 3200 Ridgeland Dr, Suite 401  Metairie LA 70002		<b>CONTACT NAME:</b> Darly Oser <b>PHONE (A/C, No. Ext):</b> (504) 840-9883 <b>FAX (A/C, No):</b> (504) 840-9889 <b>E-MAIL ADDRESS:</b> doser@ebducasse.com															
<b>INSURED</b> CIMSCO INC 1840 L AND A ROAD  METAIRIE LA 70001-6237		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: United Fire and Indemnity Co</td> <td>19496</td> </tr> <tr> <td>INSURER B: Progressive Paloverde Insuran</td> <td>44695</td> </tr> <tr> <td>INSURER C: Retailers Casualty Ins. Co</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: United Fire and Indemnity Co	19496	INSURER B: Progressive Paloverde Insuran	44695	INSURER C: Retailers Casualty Ins. Co		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES** CERTIFICATE NUMBER: CL1681900937 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			60418952	9/1/2016	9/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liability Exclusion \$												
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			01817731-4	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Policy Fee \$												
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$												
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	99909508	9/1/2016	9/1/2017	<table border="1"> <thead> <tr> <th></th> <th>PER STATUTE</th> <th>OTH-ER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> </tr> </tbody> </table>		PER STATUTE	OTH-ER	E.L. EACH ACCIDENT			E.L. DISEASE - EA EMPLOYEE			E.L. DISEASE - POLICY LIMIT		
	PER STATUTE	OTH-ER																	
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E.L. DISEASE - EA EMPLOYEE																			
E.L. DISEASE - POLICY LIMIT																			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The Parish of Jefferson, its districts, departments, and agencies under the direction of the Parish President and Parish Council are named as additional insured on the general liability and auto liability policies when required by written contract. The general liability and workers comp insurers will have no right of recovery or subrogation against the Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish President and Parish Council, it being the intention of the parties that the General Liability and Workers Compensation policies described above shall protect both parties and be primary coverage for any and all losses covered by the described insurance. Bid No: 50-119966

<b>CERTIFICATE HOLDER</b>  The Parish of Jefferson, its Districts, Department & Agencies under the direction the Parish President & the Parish Council Department of Engineering 1221 Elmwood Park Blvd Ste 802 Jefferson, LA 70123	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE E Ducasse Sr./DARLY <i>Edward B. Ducasse, Sr.</i>
---	---

Non-Public Works Bid

AFFIDAVIT

STATE OF LA

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared: JEFF  
DEVILLON, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized AGENT of CMSLO (Entity),  
the party who submitted a bid in response to Bid Number 50-119966, to the Parish of  
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

**(Choose A or B, if option A is indicated please include the required attachment):**

Choice A \_\_\_\_\_ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

**(Choose A or B, if option A is indicated please include the required attachment):**

**Choice A** \_\_\_\_\_ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

**Choice B** X \_\_\_\_\_ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

*[The remainder of this page is intentionally left blank.]*

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

*Jeff DeVillier*  
Signature of Affiant

Jeff DeVillier  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 10 DAY OF July, 2017.

*Brandy Leigh McReynolds*  
Notary Public

Brandy McReynolds  
Printed Name of Notary

37504  
Notary/Bar Roll Number



**Brandy-Leigh McReynolds**  
**Notary Public**  
**State of Louisiana**  
**LSBA# 37504**  
**My Commission Is For Life**

My commission expires upon death

Print

## Notary Search - Detail

**Name:** BRANDY-LEIGH MCREYNOLDS  
**Address:** 4501 ST. ANN ST  
NEW ORLEANS, LA 70119

**Phone:** (772) 285-7852

**Notary ID Number:** 150747  
**Parish:** ORLEANS with STATEWIDE JURISDICTION  
**Agency:** N/A  
**Notary Type:** Attorney  
**Bar Roll #:** 37504

**Status:** Active

**Commission Date:** 06/01/2017  
**Oath Date:** 05/24/2017  
**Surety Expiration Date:** Not Required  
**Annual Report Current:** Not Applicable

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**CIMSCO, INC.**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶  
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.)  
**1840 L&A ROAD**

**6** City, state, and ZIP code  
**METAIRIE, LOUISIANA 70001**

**7** List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
[ ] [ ] [ ] - [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]
or	
Employer identification number	
7 2 - 0 5 0 9 5 0 6	

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**      Signature of U.S. person ▶ **CHRISTEN C RIVIERE**      Date ▶ **3/20/17**

Digital Signature by CHRISTEN C RIVIERE  
 DN: cn=CHRISTEN C RIVIERE, o=CIMSCO, INC, ou=AMERICA'S ELECTRICITY DELIVERY COMPANY, email=CHRISTEN.C.RIVIERE@CIMSCO.COM, c=US, Date: 2017.03.20 15:04:10 -0500

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

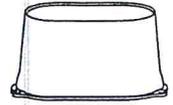
*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

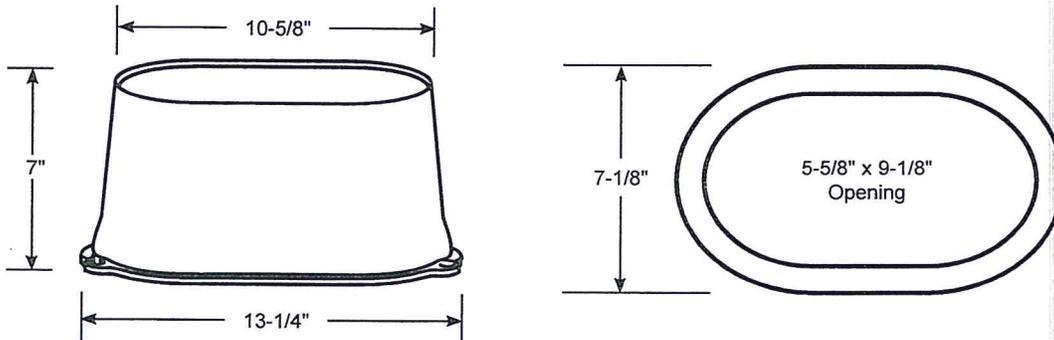
## SUBMITTAL INFORMATION

### Yokebox Upper Section - (YUC-7 style)



#### SHALLOW TYPE UPPER CASTING

#0020



APPROX. Wt. LBS.	CATALOG NUMBER	✓ SUBMITTED ITEMS
16	YUC-7	

### FEATURES

- Made from cast iron per ASTM A48, Class 25
- Finish is black e-coating
- Requires catalog number 9500, four stainless steel bolts and nuts

The Ford Meter Box Company considers the information in this submittal form to be correct at the time of publication. Item and option availability, including specifications, are subject to change without notice. Please verify that your product information is current.



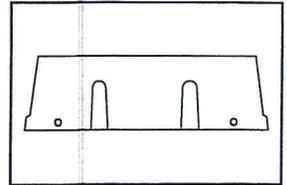
**The Ford Meter Box Company, Inc.**  
P.O. Box 443, Wabash, Indiana U.S.A. 46992-0443  
Phone: 260-563-3171 / Fax: 800-826-3487  
Overseas Fax: 260-563-0167  
www.fordmeterbox.com

04/14/16

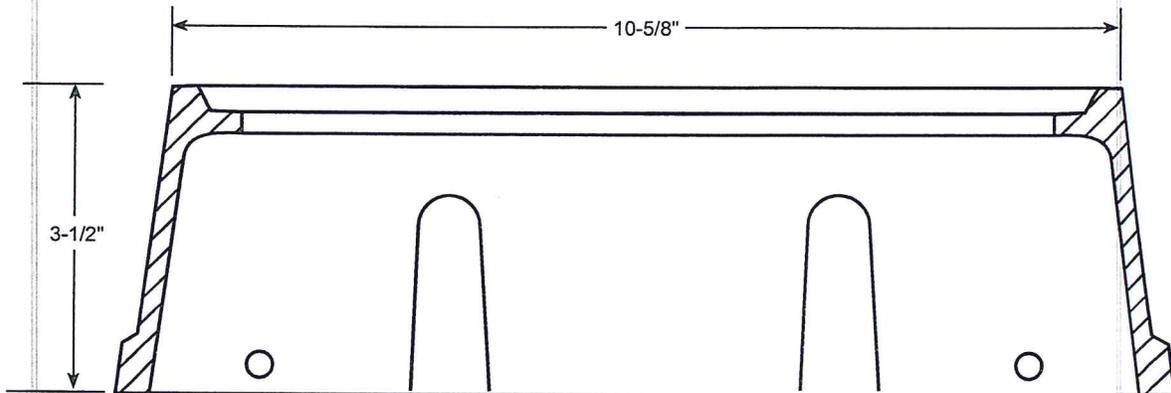
Submitted By:

# SUBMITTAL INFORMATION

## Yokebox Grade Adjuster - (9501 style)



GRADE ADJUSTER MOUNTS TO TOP OF UPPER SECTION



#0030

APPROX. WT. LBS.	CATALOG NUMBER	✓ SUBMITTED ITEM(S)
8	9501	

### FEATURES

- Allows 1-1/2" to 3" additional height to the grade level for Yokeboxes, 2" to 3" for Gulfboxes
- Made from cast iron per ASTM A48, Class 25
- Finish is black E-coating
- Secured with stainless steel set screws

The Ford Meter Box Company considers the information in this submittal form to be correct at the time of publication. Item and option availability, including specifications, are subject to change without notice. Please verify that your product information is current.



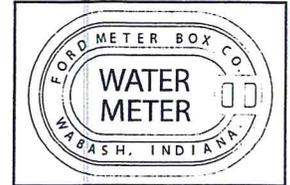
**The Ford Meter Box Company, Inc.**  
P.O. Box 443, Wabash, Indiana U.S.A. 46992-0443  
Phone: 260-563-3171 / Fax: 800-826-3487  
Overseas Fax: 260-563-0167  
<http://www.fordmeterbox.com>

03/15/10

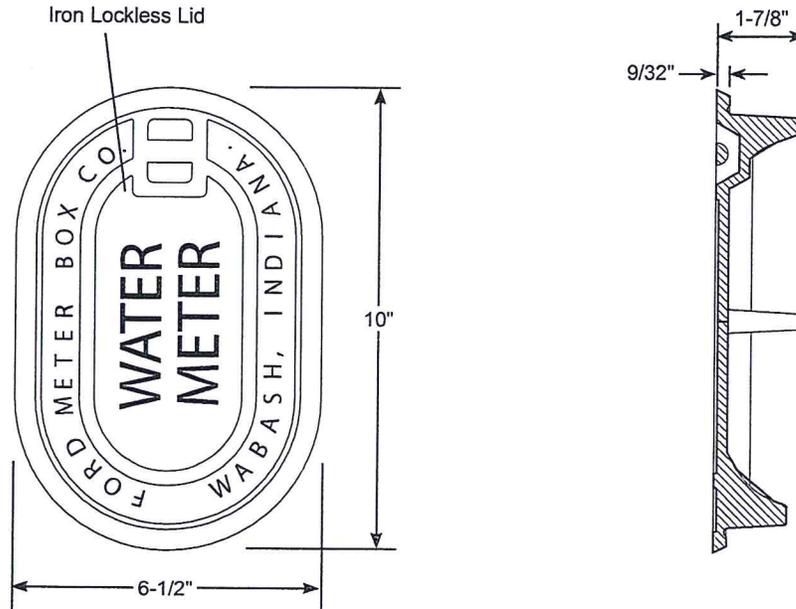
Submitted By:

# SUBMITTAL INFORMATION

Yokebox Lid - (YLL style)



## IRON YOKEBOX LOCKLESS LID



#0040

APPROX. WT. LBS.	CATALOG NUMBER	✓ SUBMITTED ITEMS
5	YLL	

### FEATURES

- Made from cast iron per ASTM A48, Class 25
- Finish is black E-coating

The Ford Meter Box Company considers the information in this submittal form to be correct at the time of publication. Item and option availability, including specifications, are subject to change without notice. Please verify that your product information is current.



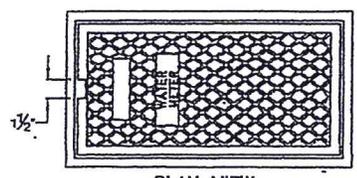
**The Ford Meter Box Company, Inc.**  
 P.O. Box 443, Wabash, Indiana U.S.A. 46992-0443  
 Phone: 260-563-3171 / Fax: 800-826-3487  
 Overseas Fax: 260-563-0167  
<http://www.fordmeterbox.com>

12/18/13

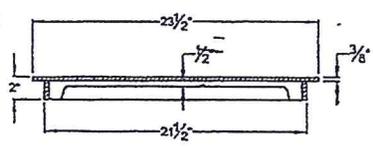
Submitted By:



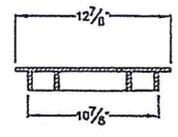
Appendix "A"  
Page 12 of 5



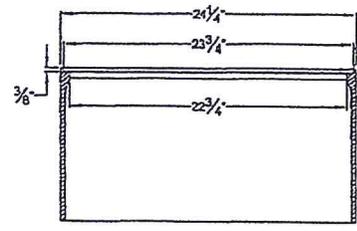
PLAN VIEW



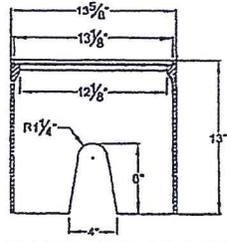
SECTIONAL VIEW OF LID



SECTIONAL VIEW OF LID



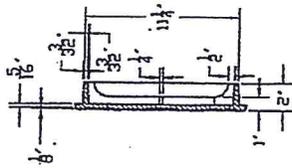
SECTIONAL VIEW OF BODY



SECTIONAL VIEW OF BODY

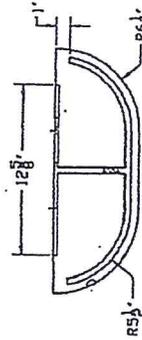
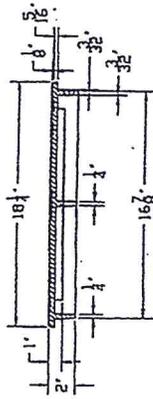
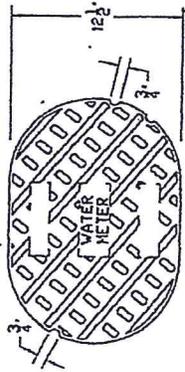
JEFFERSON PARISH DEPARTMENT OF ENGINEERING			
2" METER BOX			
CAD	DATE	BY	111
DESIGNED	BY	CHECKED	DATE
APPROVED	DATE	PROJECT	NO.
DWG. NO. EHW-10-07			

#0110



COVER EST. WGT. 24 LBS.

Appendix "A"  
Page 4 of 5



#0120

## Overview

**Our Pro Series valve boxes were designed for the professional contractor and heavy-duty use, and offer superior strength for non-residential and utility applications.**

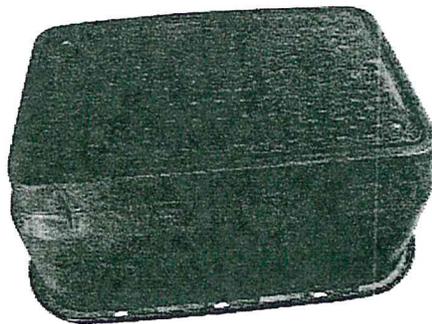
All Pro Series Valve Boxes and lids are manufactured in Lindsay, California, and contain UV inhibitors to prevent discoloration and cracking. Competitive Benefits: Thicker wall dimensions for increased strength and durability, Reinforced covers for heavier loads, Reinforced ribs offer exceptional sidewall strength, Stainless steel nut on boxes for bolt-down capability, Overlapping covers prevent dirt and grass from settling between body and cover. Our Pro Series valve boxes were designed for the professional contractor and heavy-duty use, and offer superior strength for non-residential and utility applications.

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## Features

## Specifications

17" x 30" x 18" Valve Box



# 0130

**Part Number**

126BCDMB

**Color**

Black

**Pkg Qty**

1

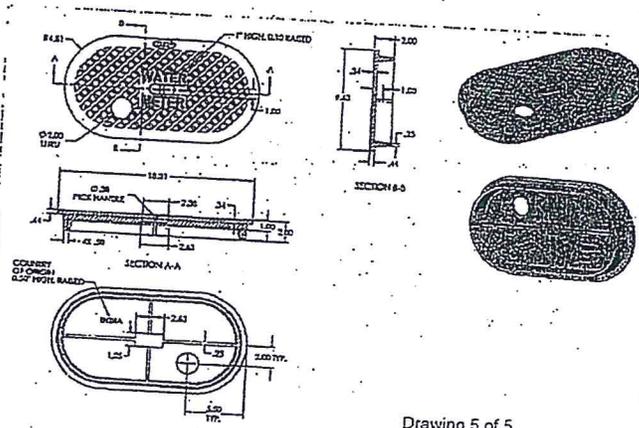
**Weight Ea**

41

**Length**

290

Scroll  
Down



Drawing 5 of 5

#0140

50-00111518

