

DATE: 6/20/2017

BID NO.: 50-00119966

Page: 5

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: Cmsco
ADDRESS: 1840 L&A RD.
CITY, STATE: MECHANIC, LA ZIP: 70001
TELEPHONE: (504) 835-7319 FAX: (504) 832-0820
EMAIL ADDRESS: JEFF@CMSCOINC.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]
TITLE: SALES

JEFF DEVLIN
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
			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		
1	10.00	EA	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-
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-
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-
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	71.00	8875-

DATE: 6/20/2017

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page 7

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, VULCAN VMB-3 OR SIGMA MB283 (38361)	24 ⁰⁰	2400 ⁻
10	12.00	EA	0130 - 17 INCH X 30 INCH X 18 INCH RECTANGULAR HIGH PERFORMANCE STRUCTURAL 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)	171.23	2054.76
11	500.00	EA	0140 - COVER ONLY WITH 2 INCH HOLE TO FIT EXISTING SIGMA BRAND #MB281 (38349)	7.49	3745 ⁻
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 ⁻

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 Ruwene
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).

PRODUCER E B Ducasse Insurance Agency, Inc 3200 Ridgellake Dr, Suite 401 Metairie LA 70002		CONTACT NAME: Darly Oser PHONE (A/C, No. Ext): (504) 840-9883 FAX (A/C, No): (504) 840-9889 E-MAIL ADDRESS: doser@ebducasse.com															
INSURED 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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INSURER D:																	
INSURER E:																	
INSURER F:																	

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 SUBR INSD 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	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>Liquor Liability Exclusion</td><td>\$</td></tr></table>	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	\$
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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	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>Policy Fee</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	Policy Fee	\$				
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EACH OCCURRENCE	\$																			
AGGREGATE	\$																			
	\$																			
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> 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>\$ 1,000,000</td><td></td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td><td></td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td><td></td></tr></tbody></table>		PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$ 1,000,000		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		E.L. DISEASE - POLICY LIMIT	\$ 1,000,000			
	PER STATUTE	OTH-ER																		
E.L. EACH ACCIDENT	\$ 1,000,000																			
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E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																			

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

CERTIFICATE HOLDER**CANCELLATION**

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

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

Edward B. Ducasse, Sr.

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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.


 Signature of Affiant

Jeff Devillier
 Printed Name of Affiant

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


 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 ▶ **2/20/17**

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.

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.

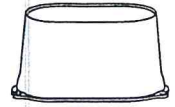
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

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.

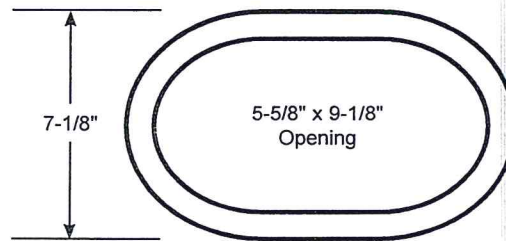
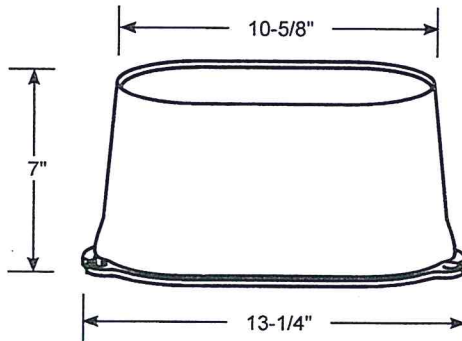
SUBMITTAL INFORMATION

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.



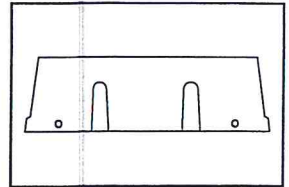
The Ford Meter Box Company, Inc.
P.O. Box 443, Wabash, Indiana U.S.A. 46992-0443
Phone: 260-563-3171 / Fax: 800-826-3487
Overseas Fax: 260-563-0167
www.fordmeterbox.com

04/14/16

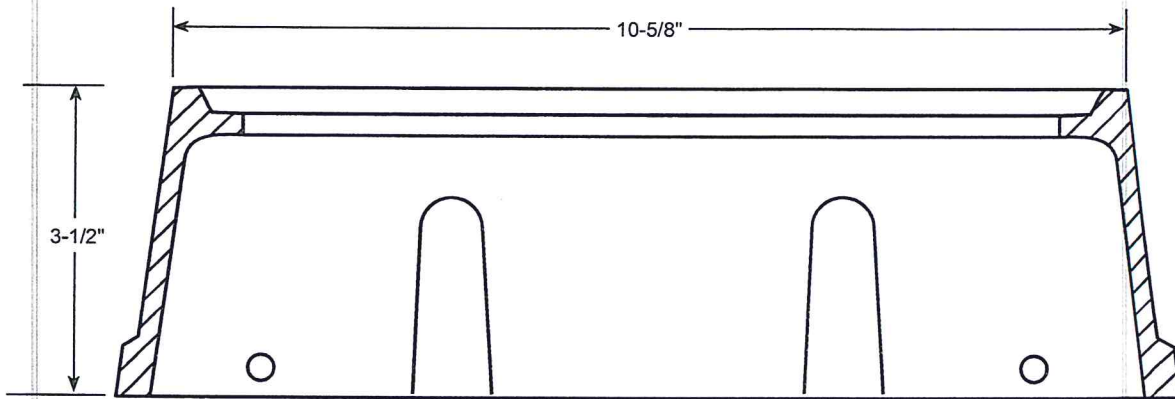
Submitted By:

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.



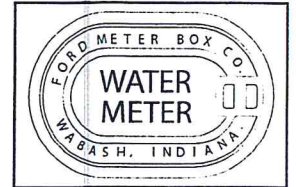
The Ford Meter Box Company, Inc.
P.O. Box 443, Wabash, Indiana U.S.A. 46992-0443
Phone: 260-563-3171 / Fax: 800-826-3487
Overseas Fax: 260-563-0167
<http://www.fordmeterbox.com>

03/15/10

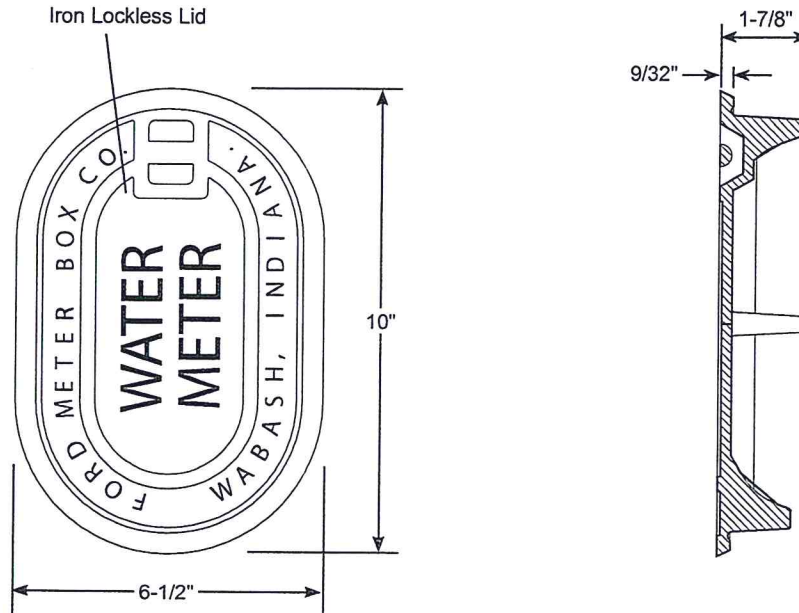
Submitted By:

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.

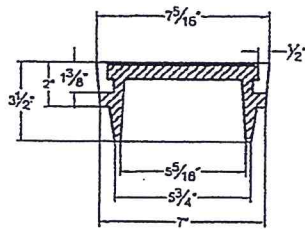
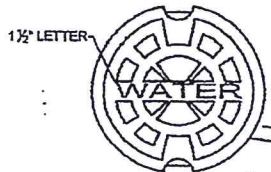


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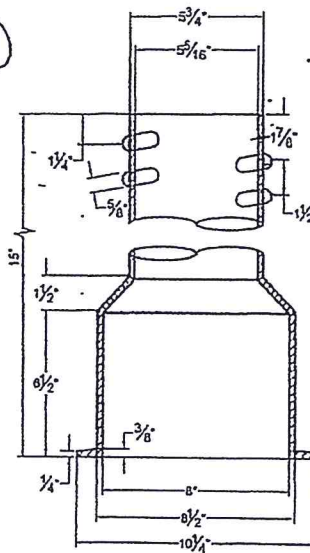
12/18/13

Submitted By:

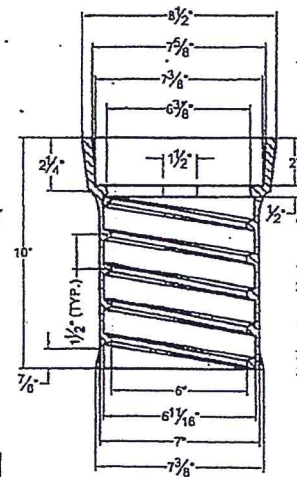
Appendix "A"
Page 3 of 5



LID-9LBS.



15" BOTT.-18LBS.

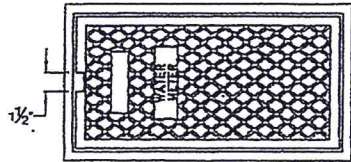


10" TOP-15LBS.

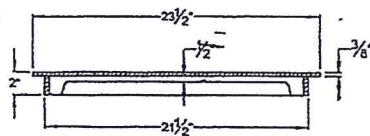
JEFFERSON PARISH DEPARTMENT OF ENGINEERING					
C.L. VALVE BOX TOP BOTTOM & LID					
ITEM NO.	QTY	UNITS	DESCRIPTION	DATE	BY
1	1	EA	10" TOP		
2	1	EA	15" BOTT		
3	1	EA	LID		
DWG. NO. 21					

#0090

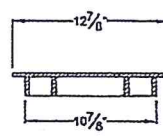
Appendix "A"
Page 12 of 5



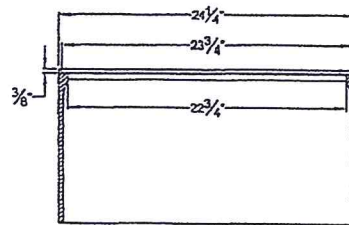
PLAN VIEW



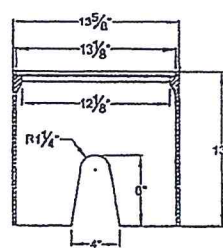
SECTIONAL VIEW OF LID



SECTIONAL VIEW OF LID



SECTIONAL VIEW OF BODY



SECTIONAL VIEW OF BODY

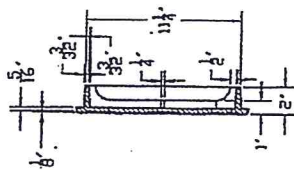
**JEFFERSON PARISH
DEPARTMENT OF ENGINEERING**

2" METER BOX

CITY OF BOULDER		PROJECT NO.		119
DATE	10/10/00	PROJECT	2000	2000
BY	10/10/00	PROJECT	2000	2000
BY	10/10/00	PROJECT	2000	2000

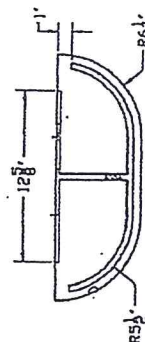
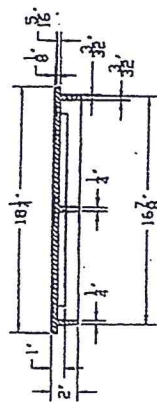
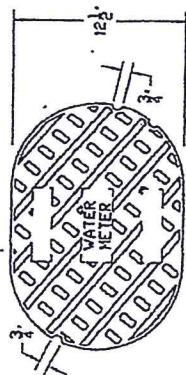
ENV-10 27

#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

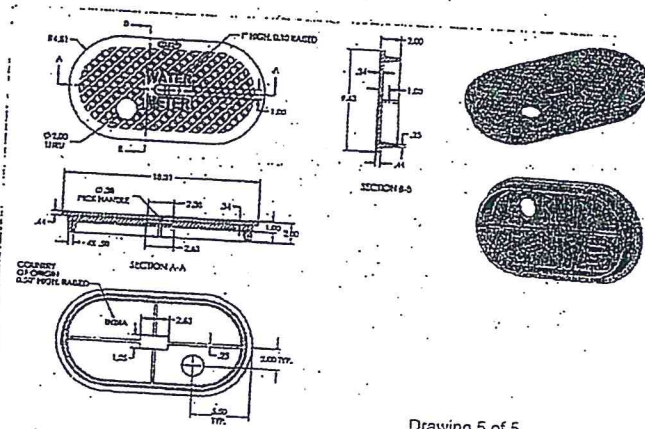
41

Length

290

Scroll
Down

PAGE 7



Drawing 5 of 5

#0140

50-00111518

