



## 1837 CTH MM OREGON, WI 53575-2116 835-7319 • FAX 835-8909

| PROPOSAL SUBMITTED TO Primrose Town Hall  STREET 8468 Cty. Rd. A  CITY, STATE AND ZIP CODE Verona, Wi 53593 |                 | PHONE 576-6821 - Ruth Ann Hansen | DATE 6-10-2020 |
|---|-----------------|----------------------------------|----------------|
|   |                 | JOB NAME<br>Same                 |                |
|   |                 | JOB LOCATION<br>Same             |                |
| ARCHITECT   | DATE OF PLANS   |                                  | JOB PHONE      |
| We propose to install the foll  | owing equipment |                                  |                |

2. Bryant central air conditioning. Model #113ANA036. 3 tons of cooling. 5 year compressor warranty. 5 year parts and 1 year labor warranty from completion date. 13.0 S.E.E.R. Puron refrigerant - \$3,100.00

warranty. 5 year parts and 1 year labor warranty from completion date - \$3,000.00

- 3. All labor and materials to complete above job.
- 4. Prices include tax.

We Propose hereby to furnish material and labor - complete in accordance with above specification, for the sum of:

| -  |   | dollars (\$ Listed  | d above |
|--|---|---|---------|
| Payment to be as follows:                | Upon Completion   | , -   | ,       |
|  | pecified. All work to be completed in a workmanlike   | BRAD TARKENTON.   |         |
| tions involving extra costs will be exec | es. Any alteration or deviation from above specifica-<br>cuted only upon written orders, and will become an | Authorized  |         |
|  | stimate. All agreements contingent upon strikes, it. Owner to carry fire, tornado and other necessary       | Signature   |         |
| insurance. Our workers are fully cov     | vered by Workmen's Compensation Insurance. A stafter 30 days and customer agrees to pay all cost            | Note: This proposal may be withdrawn by us if not accepted within | days.   |

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature\_ Date of Acceptance