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| West Madison Utility District  Committed to Providing Cean, Safe Water To All Our Residents | QUOTE |
| 443 Livingston Vernon Road P.O. Box 27 Flora, MS 39071 (601) 879-9718 wmud.myruralwater.com | INVOICE \_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Customer ID: \_\_\_\_\_\_\_\_\_\_ | Expiration Date **\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| Person requested Quote | Job or Service Description | Due date |
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| Job | Description | Quote Amount $ | Total |
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|  | | Subtotal |  |
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| Quotation prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\*This is a quote only for the services named above subject to the approval of the West Madison Utility District Board*.  To accept this quotation, sign here and return:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |