

128 S. Harris  
Rockdale, IL 60436



(815) 741-8900  
Fax (815) 741-8921

**PROPOSAL AND ACCEPTANCE**

DATE: DEC. 12, 2008

VILLAGE OF ORLAND PARK  
PUBLIC WORKS DEPT.  
15655 S. RAVINIA AVE.  
ORLAND PARK, IL. 60462

ATT: TOM MARTIN

PHONE: 708-403-6350 708-403-8798 FAX

DESCRIPTION OF WORK TO BE PERFORMED:

PLOTKE ASPHALT WILL KEEP ALL PRICING FOR CRACKFILL THE SAME FOR THE 2009 SEASON. (\$.40 PER LIN. FT) WE LOOK FORWARD TO WORKING FOR YOU IN THE UP COMING YEAR.

ALL MATERIAL WILL BE PROVIDED AS STATED ABOVE. ALL WORK TO BE COMPLETED IN A WORKMANLIKE MANNER ACCORDING TO STANDARD PRACTICES. THE PRICES, SPECIFICATIONS AND CONDITIONS ARE SATISFACTORY AND ARE HEREBY ACCEPTED. PLOTKE ASPHALT INC. TO CARRY WORKMAN'S COMPENSATION AND LIABILITY INSURANCE UNLESS OTHERWISE STATED. IT IS MUTUALLY AGREED THAT ALL MATERIALS FURNISHED HERE UNDER SHALL REMAIN THE PROPERTY OF PLOTKE ASPHALT INC. UNTIL ALL PAYMENTS HAVE BEEN PAID IN FULL AND THAT PLOTKE ASPHALT INC. MAY REGAIN POSSESSION THEREOF WITHOUT NOTICE TO PURCHASER. OWNER/GENERAL CONTRACTOR IS RESPONSIBLE FOR ALL COLLECTION, ATTORNEY, COURT AND LIEN COSTS TO SATISFY CONTRACT AMOUNT. A 1 1/2% FINANCE CHARGE WILL BE ASSESSED 7 DAYS AFTER THE COMPLETION DATE. YOU ARE AUTHORIZED TO COMPLETE THIS CONTRACT AS SPECIFIED. ALL PERMITS/FEES ARE RESPONSIBILITY OF OWNER.

Payments will be made as follows: Total balance due the day the work is completed.

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to complete this contract as specified. Payment will be made as outlined above.

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date of Acceptance)

**PLEASE SIGN AND RETURN ONE COPY**