

Agreement of Movement of Buildings and Equipment Under and Through Cooperative Lines

REQUEST	
Company Name/Responsible Party:	
Contact Name:	Customer #
Address:	
Primary Phone:	Secondary Phone
Date of Move:	_Estimated Load Height:
Summary of Route:	
Signature of Requester	Date
E S T I M A T E To be completed by Medina EC	
Estimated Cost:	
MEC Contact:	_Order #
MEC Contact #:	_
AGRREE MENT Upon agreement of the estimate, please sign.	
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The full amount of the estimated cost is due prior to the move date. Any unused portion will be refunded, and any additional cost will be billed upon settlement of the work order and due within 30 days of billing.	
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Signature of Responsible Party	Date
orginature or responsible rarty	Date