

4595 Chambersburg Rd Huber Heights, OH 45424

PH: (937) 236-9702 FAX: (937) 236-9783

Serving All Of Your Upfitting Needs.

## **Estimate**

City of Columbus-Div of Water
910 Dublin Road 3rd floor
Div of Water
Columbus, Ohio 43215

Date	Estimate #
6/6/2025	25-43190

Cust P.O.#	Sales Rep	Project	Truc	ck/License #	Contac	Contact & Phone #	
	DLL						
Description			Qty	Cost	Total		
DRWP F-350							
Furnish and install Backrack #10700 screened cab protector with installation bracket kit # BRK30222			1	575.00	575.00T		
Furnish and install four North American Signal # LED4850AC amber/white strobes, two in grille and two on rear bumper. Wired to upfitter switch in cab.				1	1,100.00	1,100.00T	
Furnish and install Ecco 54" series 16 LED amber/white lightbar to cab protector. Control mounted in cab to operate 3 strobe functions, front full scene, rear full scene, both side scene, directional center out, left, and right.  This bar can be programmed with any number of combinations including doing spot/takedown lights on front of the bar for extra forward light but still have strobing as well.							
Furnish and install red/white Chevron reflective decal on tailgate of truck.				1	600.00	600.00T	
Furnish and install Western Pro Plus 8ft steel contractor grade snow plow, LED headlights, cutting edge, joystick control.					7,550.00	7,550.00T	
Furnish and install Western Marauder S220A 2.2 yard stainless steel hopper salt spreader auger driven with strobe light and dual work light options.				1	6,925.00	6,925.00T	
			5	Sales Tax (0.0%)			
All invoices over \$500.00 paid by CREDIT CARD are subject to a 3% CREDIT CARD FEE.			<b>%</b>	Total			

Signature



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Columbus, Ohio 43215				6.	/6/2025	25-43190
Cust P.O.#	Sales Rep	Project	Truck/License	#	Conta	ct & Phone #
	DLL					
Description		Qty		Cost	Total	
LEAD TIME: 6-8 weeks to co	ompletion/delivery fro	m P.O. issue date.				

Sales Tax (0.0%) \$0.00

All invoices over \$500.00 paid by CREDIT CARD are subject to a 3% CREDIT CARD FEE. \$18,550.00

If estimate is accepted, please circle any option which is needed but not shown in estimate total. A new estimate will be provided. Insert P.O. # in block provided. Please sign and date and return by fax at your convenience

Signature \_\_\_\_