Town of Loxahatchee Groves
Check Register Log

Date	Beg Check No.	Ending Check No.	Amount	Printed By	Verified By
9/11/15	6564	6580	$59,653.92	B. King	Ronald D. Jarrell Tom Goff
9/11/15	6581		-0-	VOIDED	
9/24/15	6582	6608	-0-	VOIDED	
9/24/15	6609	6623	$155,270.17	B. King	Tom Goff Ronald D. Jarrell
9/24/15	6624	–	$1,475.00	B. King	Ronald D. Jarrell Tom Goff
10/15/15	6625	6657	$116,453.46	B. King	Ronald D. Jarrell Tom Goff
10/20/15	6658		$5,091.60	B. King	Tom Goff Ronald D. Jarrell
10/22/15	6659		$29,780.11	B. King	Ronald D. Jarrell Tom Goff
11/5/15	6660	6676	$25,786.16	B. King	David Browning L. Rockett
11/18	6677	6691	$104,380.32	P Underwood	Tom Goff Ronald D. Jarrell
11/18	6678	6678	VOID -32,887.10	P Underwood	Tom Goff Ronald D. Jarrell
11/18	6692*	6698	$62,227.02	P Underwood	Tom Goff *Except 6692 Ronald D. Jarrell
11/18	6692	6692	29,946.91		L. Rockett Ronald D. Jarrell

Bank Account - Check Details

Period:November 17, 2015 to November 17, 2015

Town of Loxahatchee Groves

Tuesday, November 17, 2015

MUNILYTICS

This report also includes bank accounts that only have balances.

	Check Date		Check No.	Description	Amount	Printed Amount	Voided Amount	Entry Status	Original Entry S	Bal. Accou	Bal. Account No.	Entry No.
B01		**Wells Fargo**										
		Phone No.		8002893557								
	11/17/15	To	6677	Land Research Management	6,981.25	6,981.25	0.00	Posted		Vendo	128	763
VOID	11/17/15	To	6678	Loxahatchee Groves Water	32,887.10	32,887.10	0.00	Posted		Vendo	129	764
	11/17/15	To	6679	Office Depot	129.33	129.33	0.00	Posted		Vendo	135	765
	11/17/15	To	6680	PBSO	24,062.17	24,062.17	0.00	Posted		Vendo	146	766
	11/17/15	To	6681	Waste Pro	35,720.44	35,720.44	0.00	Posted		Vendo	4	767
	11/17/15	To	6682	Beverly Kuipers	17.84	17.84	0.00	Posted		Vendo	68	768
	11/17/15	To	6683	Wells Fargo Business Card	610.30	610.30	0.00	Posted		Vendo	V003	769
	11/17/15	To	6684	CMG - PB Remittance Address	313.04	313.04	0.00	Posted		Vendo	V010	770
	11/17/15	To	6685	Armand	200.00	200.00	0.00	Posted		Vendo	V034	771
	11/17/15	To	6686	FPL	349.13	349.13	0.00	Posted		Vendo	V036	772
	11/17/15	To	6687	Palm Beach County Water	102.04	102.04	0.00	Posted		Vendo	V042	773
	11/17/15	To	6688	Rajendran Naidoo	20.00	20.00	0.00	Posted		Vendo	V071	774
	11/17/15	To	6689	Sharon R. Bock, Clerk and	500.00	500.00	0.00	Posted		Vendo	V073	775
	11/17/15	To	6690	Wells Fargo Business Card	2,087.68	2,087.68	0.00	Posted		Vendo	V003	776
	11/17/15	To	6691	Florida Department of	400.00	400.00	0.00	Posted		Vendo	V072	777
		Wells Fargo			104,380.32	104,380.32	0.00					

VOID

Bank Account - Check Details

Period:November 18, 2015 to November 18, 2015

Town of Loxahatchee Groves

This report also includes bank accounts that only have balances.

Check Date		Check No.	Description	Amount	Printed Amount	Voided Amount	Entry Status	Original Entry S	Bal. Accou	Bal. Account No.	Entry No.
B01		**Wells Fargo**									
		Phone No.	8002893557								
11/18/15	To	6692	Loxahatchee Groves Water	29,946.91	29,946.91	0.00	Posted		Vendo	129	778
11/18/15	To	6693	Ron Jarriel	500.00	500.00	0.00	Posted		Vendo	180	779
11/18/15	To	6694	David Browning	500.00	500.00	0.00	Posted		Vendo	49	780
11/18/15	To	6695	Tom Goltzene	500.00	500.00	0.00	Posted		Vendo	50	781
11/18/15	To	6696	Ryan Liang	500.00	500.00	0.00	Posted		Vendo	52	782
11/18/15	To	6697	Jim Rockett	500.00	500.00	0.00	Posted		Vendo	56	783
11/18/15	To	6698	Underwood Management	29,780.11	29,780.11	0.00	Posted		Vendo	6	784
		Wells Fargo		62,227.02	62,227.02	0.00					

LAND RESEARCH MANAGEMENT, Inc.

2240 Palm Beach Lakes Blvd., Suite 103, West Palm Beach, FL 33409 Tel: (561)686-2481; Fax: (561) 681-1551

To: William Underwood, Town Manager
Town of Loxahatchee Groves

From: Jim Fleischmann

Date: November 4, 2015

Re: Invoice for services - Weber Cost Recovery – Variance Application
Town Receipt # 396876

I N V O I C E – Weber Cost Recovery #2

1. LRM Hours to 8/1/15 to 11/4/15 – 10.5 hours* x $125.00 per hour	$	1,312.50
2. Reimburseable		0.00
Total Amount Due This Invoice	**$**	**1,312.50**

* - See attached time sheet

001-233-127-000

Respectfully submitted,

#1,312.50

James P. Fleischmann,
Vice President

Total billed to Weber escrow accounts to date: ($1,968.50)

Please Mail Check To The Following Address:

Land Research Management, Inc.
2240 Palm Beach Lakes Blvd., Suite 103
West Palm Beach, FL 33409

11/13/2015

Land Research Management, Inc. Time Log
Hourly Projects

WEBER VARIANCE

Client: LOXAHATCHEE GROVES Job Description: _____

Date	Time (from/to)	Hours	Task
9/11/15	9:00-10:00	1.0	MTG W/ WEBER
10/13	2:15-5:15	3.0	STAFF REPORT PREP
10/14	7:45-12:00	2.25	" "
10/14	3:15-4:15	1.0	SITE VISIT
10/14	10:30-11:00	1.[illegible]	STAFF REPORT PREP
10/15	2:00-4:15	2.25	STAFF REPORT - FINALIZE
10/21	12:[illegible]	0.5	PREP [illegible]
	TOTAL	10.50	[illegible]

LAND RESEARCH MANAGEMENT, Inc.

2240 Palm Beach Lakes Blvd., Suite 103, West Palm Beach, FL 33409 Tel: (561)686-2481; Fax: (561) 681-1551

To: William Underwood, Town Manager
Town of Loxahatchee Groves

From: Jim Fleischmann

Date: November 4, 2015

Re: Invoice for services - VIP Kidz Zoning Confirmation Request Response
(Town Recepit #396911)

I N V O I C E – VIP Kidz

1. Prepare Zoning Confirmation Response

Fixed response fee	$	200.00
Total Amount Due This Invoice	**$**	**200.00**

Respectfully submitted,

James P. Fleischmann

James P. Fleischmann,
Vice President

001-515-343-000 $ 200.00

Please Mail Check To The Following Address:

Land Research Management, Inc.
2240 Palm Beach Lakes Blvd., Suite 103
West Palm Beach, FL 33409

WFel
11/13/2015

LAND RESEARCH MANAGEMENT, Inc.

2240 Palm Beach Lakes Blvd., Suite 103, West Palm Beach, FL 33409 Tel: (561)686-2481; Fax: (561) 681-1551

To: William Underwood, Town Manager
Town of Loxahatchee Groves

From: Jim Fleischmann

Date: November 4, 2015

Re: Invoice for services - Serio Clearing Permit 13265 11th Lane North
Town Deposit Receipt #396804

I N V O I C E – Serio Cost Recovery #2

1. LRM Hours from 9/4/15 to 11/4/15 – 4.75 hours* x $125.00 per hour	$	593.75
2. Reimburseable		0.00
Total Amount Due This Invoice	**$**	**593.75**

* - See attached time sheet

Respectfully submitted,

James P. Fleischmann,
Vice President

001-233-124-000 $593.75

Total billed to Serio escrow accounts to date: ($905.75)

Please Mail Check To The Following Address:

Land Research Management, Inc.
2240 Palm Beach Lakes Blvd., Suite 103
West Palm Beach, FL 33409

11/15/2015

Land Research Management, Inc. Time Log
Hourly Projects

Client: LOXAHATCHEE GROVES Job Description: COST RECOVERY / SERIO VEG REMOVAL PERMIT

Date	Time (from/to)	Hours	Task
9/9/15	2:15 - 3:15	1.0	MTG W/ GARY - LANDSCAPE ARCHITECT
10/22	12:00 - 1:00	1.0	MTG W / GARDNER - AUDIT
10/28	10:30 - 11:45	1.25	REVIEW PERMIT + ALT MITIGATION
10/29	2:30 - 4:00	1.5	PROP AFFIDAVIT, LETTER OF [illegible]
	TOTAL	4.75	HRS $93.75

LAND RESEARCH MANAGEMENT, Inc.

2240 Palm Beach Lakes Blvd., Suite 103, West Palm Beach, FL 33409 Tel: (561)686-2481; Fax: (561) 681-1551

To: William Underwood, Town Manager
Town of Loxahatchee Groves

From: Jim Fleischmann

Date: November 4, 2015

Re: Invoice for services - [redacted] Barone Vegetation Removal Permit (VRP): 2399 "C" Road

---

I N V O I C E – Barone VRP Application Review

1. Hours to 9/25/15 to November 2, 2015 - 5.75 hours* x $125.00 per hour $ 718.75

Total Amount Due This Invoice **$ 718.75**

* - See attached time sheet

Respectfully submitted,

James P. Fleischmann

James P. Fleischmann,
Vice President

~~000-239-129-000~~ $718.75

Total billed to Barone Application escrow account to date: ($718.75)

Please Mail Check To The Following Address:

Land Research Management, Inc.
2240 Palm Beach Lakes Blvd., Suite 103
West Palm Beach, FL 33409

WFl
11/15/2015

pdw 001-515-343-000 -
$718.75

Land Research Management, Inc. Time Log
Hourly Projects

Client: LOXAHATCHEE GROVES Job Description: COST RECOVERY BARONE CLEARING [illegible]

Date	Time (from/to)	Hours	Task
9/25/15	10:00-12:00	2.00	MEETING W/ TINA & PROPERTY OWNERS
~~10/19~~	—	—	—
10/8	9:30-10:30	1.0	MTG W/ OWNERS
10/19	10:30-11:00	0.5	MTG W/ MR BRAUNE
11/2/15	10:30-11:00	0.5	REVIEW PERMIT APP - TREE MITIGATION TABLES
11/2/15	11:00-11:15	0.25	MTG W/ TOWN MANAGER -
11/2	3:10-4:30	1.5	REVIEW ALL SUBMITTALS & ORGANIZE FOR PERMIT.
	TOTAL	5.75	HOURS @
			$718.75

LAND RESEARCH MANAGEMENT, Inc.

2240 Palm Beach Lakes Blvd., Suite 103, West Palm Beach, FL 33409 Tel: (561)686-2481; Fax: (561) 681-1551

To: William Underwood, Town Manager
Town of Loxahatchee Groves

From: Jim Fleischmann

Date: November 4, 2015

Re: Invoice for services - Big Dog Ranch Site Plan Cost Recovery

---

I N V O I C E – Big Dog Ranch Site Plan (Landscape Plan Review) #8

1. Hours to 8/6/15 to 11/4/15 – 9.5 hours* x $125.00 per hour	$	1,187.50
2. Reimbursable expense		0.00
Total Amount Due This Invoice	**$**	**1,187.50**

* - See attached time sheet

Respectfully submitted,

James P. Fleischmann

James P. Fleischmann,
Vice President

001-233-114-000 $1,187.50

Total billed to Big Dog Ranch Site Plan escrow accounts to date: ($11,574.72)

Please Mail Check To The Following Address:

Land Research Management, Inc.
2240 Palm Beach Lakes Blvd., Suite 103
West Palm Beach, FL 33409

WFU
11/13/2015

Land Research Management, Inc. Time Log
Hourly Projects

COST PROJECT

Client: LOXAHATCHEE GROVES Job Description: PALO DOLCE RANCH LANDSCAPE PLAN REVIEW

Date	Time (from/to)	Hours	Task
10/6/15	9:15 - 12:30	3.25	LANDSCAPE PLAN REVIEW W/ KETTELHUT
MY	MISC	1.0	3 TELCONS W/ KETTELHUT
10/16	10:00 - 12:15	2.25	REVIEW LANDSCAPE PLAN 12/30/14 & 12/25/15
10/16	1:00 - 1:30	0.5	" "
10/22	4:30 - 5:00	0.5	" "
10/26	10:30 - 12:30	2.0	MTG W/ KETTELHUT
	TOTAL	9.5	HRS

LAND RESEARCH MANAGEMENT, Inc.

2240 Palm Beach Lakes Blvd., Suite 103, West Palm Beach, FL 33409 Tel: (561)686-2481; Fax: (561) 681-1551

To: William Underwood, Town Manager
Town of Loxahatchee Groves

From: Jim Fleischmann

Date: November 4, 2015

Re: Invoice for services - A Cut Above (Damon Rockett) Cost Recovery Account

---

I N V O I C E – A Cut Above #3

1. Hours from 10/1/2015 to 11/4/2015 – 16.25 hours* x $125.00 per hour $ 2,031.25

Total Amount Due This Invoice **$ 2,031.25**

* - See attached time sheet

Respectfully submitted,

James P. Fleischmann

James P. Fleischmann,
Vice President

001-233-123-000 $2,031.25

Total billed to Brier Applications escrow account to date: ($2,561.25)

Please Mail Check To The Following Address:

Land Research Management, Inc.
2240 Palm Beach Lakes Blvd., Suite 103
West Palm Beach, FL 33409

WFU
11/15/2015

Land Research Management, Inc. Time Log
Hourly Projects

Client: LOXAHATCHEE GROVES Job Description: COST RECOVERY DAMON ROCKETT CODE GWF

Date	Time (from/to)	Hours	Task
10/5	1:00 - 1:45	0.75	MTG W/ DAMON ROCKETT
10/5	2:00 - 2:30	0.5	DRAFT LEGACY AFFIDAVIT
10/22	3:45 - 4:30	0.75	REVIEW HISTORICAL LEGACY SUBMITTAL
10/23	10:00 - 2:45	4.75	PREP STAFF REPORT + RESPONSE LETTER
10/25	3:15 - 4:45	1.5	" "
10/25	10:15 - 12:00	1.75	" "
10/26	2:30 - 3:30	1.0	" "
[illegible]	9:45 - 1:30	3.75	
11/2	10:30 - 12:00	1.5	PREP AIR / P&Z STAFF REPORT
	TOTAL	16.25	HRS (J) 2031.25

LAND RESEARCH MANAGEMENT, Inc.

2240 Palm Beach Lakes Blvd., Suite 103, West Palm Beach, FL 33409 Tel: (561)686-2481; Fax: (561) 681-1551

To: William Underwood, Town Manager
Town of Loxahatchee Groves

From: Jim Fleischmann

Date: November 4, 2015

Re: Invoice for services - Cost Recovery: Marteau Vegetation Removal Permit (VRP): 1140 "A" Road (Receipt # 396881)

I N V O I C E – Marteau VRP Application Review

1. Hours to 9/14/15 to November 2, 2015 - 7.5 hours* x $125.00 per hour $ 937.50

Total Amount Due This Invoice **S 937.50**

* - See attached time sheet

Cost Recovery - Marteau
001-233-128-000
$937.50

Respectfully submitted,

James P. Fleischmann

James P. Fleischmann,
Vice President

Total billed to Marteau VRP Application escrow account to date: ($937.50)

Please Mail Check To The Following Address:

Land Research Management, Inc.
2240 Palm Beach Lakes Blvd., Suite 103
West Palm Beach, FL 33409

11/13/2015

FY2016

Land Research Management, Inc. Time Log
Hourly Projects COST RECOVERY

Client: LOXAHATCHEE GROVES Job Description: TETRO/MARTIN VEG. PERMIT
1140 "A" ROAD
RECEIPT # 396881

Date	Time (from/to)	Hours	Task
9/14/15	2:30 - 4:00	1.5	MTG W/ TETRO + ASSEMBLE APPLICATION
10/28	4:00 - 5:15	1.25	REVIEW APPL.
10/29	1:30 - 5:45	4.25	REVIEW APP + CALC MITIGATION COSTS.
11/2/15	4:30 - 5:00	0.5	REFORMAT EXCEL TABLE.
	TOTAL	7.5	HRS (F) $495.00

ORIGINAL INVOICE

10000

Office DEPOT

Office Depot, Inc
PO BOX 630813
CINCINNATI OH
45263-0813

FEDERAL ID:59-2663954

THANKS FOR YOUR ORDER
IF YOU HAVE ANY QUESTIONS
OR PROBLEMS. JUST CALL US
FOR CUSTOMER SERVICE ORDER: (888) 263-3423
FOR ACCOUNT: (800) 721-6592

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
801889197001	129.33	Page 1 of 1
INVOICE DATE	TERMS	PAYMENT DUE
26-OCT-15	Net 30	29-NOV-15

BILL TO:

ATTN: ACCTS PAYABLE
TOWN OF LOXAHATCHEE GROVES
155 F ROAD
LOXAHATCHEE GROVES FL 33470

000539-007326

SHIP TO:

TOWN OF LOXAHATCHEE GROVES
155 F ROAD
LOXAHATCHEE GROVES FL 33470

007326

ACCOUNT NUMBER	PURCHASE ORDER	SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE
46453081		155FROAD	801889197001	23-OCT-15	26-OCT-15
BILLING ID	ACCOUNT MANAGER / RELEASE	ORDERED BY	DESKTOP	COST CENTER	
23856		BEVERLY KUIPERS			

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
620007 12052040	WATER,BTL,NSTL PURE 620007	CA	4	4	0	3.630	14.52
617206 1821	PAPER,IMAGPRNT,10RM,8.5X1 617206	CA	3	3	0	34.990	104.97
330744 78955	ENVELOPE,CLASP,KRAFT,6X9, 330744	BX	1	1	0	5.000	5.00
273461 WOFQD3WHI24	WITE-OUT,EZ QUICK DRY,3PK, 273461	PK	1	1	0	4.840	4.84

To ensure timely and accurate application of your payment, please include the following on your remittance: account number, invoice number, and the amount you are paying for each invoice.

11/13/2015

000539-007326

001-512-510-000 $ 129.33

F42014

SUB-TOTAL	129.33
DELIVERY	0.00
SALES TAX	0.00
TOTAL	129.33

All amounts are based on USD currency

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

Office DEPOT

*** PACKING LIST ***

OFFICE DEPOT
1-800-GO-DEPOT
2925 W. CORPORATE LAKES BLVD
WESTON FL 33331

Order Number 801889197-001

Order Summary

Shipping Address
00002
TOWN OF LOXAHATCHEE GROVES
155 F ROAD
LOXAHATCHEE GRO FL 33470

Customer Information
Customer#: 46453081
Contact: BEVERLY KUIPERS
Phone#: 561-793-2418

Carton Counts

Repack / Split Case	1
Full Case	7
Bulk	0
Total	8

Additional Information
Route/Stop/Door: 0217/000/001
Order Date: 23-Oct-2015
Delivery Date: 26-Oct-2015

Item Details

Line	Quantity Ordered	Quantity Shipped	Quantity Back Ordered	Item Number / Mfgr Code / Customer Code	Description	Units	Unit Price	Total	Carton ID
1	4	4	0	620007 12052040	WATER.BTL.NSTL PURE LIFE.24/CS	CASE	3.630	14.52	72276401 72276501 72276601 72276701
2	3	3	0	617206 1821	PAPER.IMAGPRNT.10RM.8.5X11.WHT	CASE	34.990	104.97	72276101 72276201 72276301
3	1	1	0	330744 78955	ENVELOPE.CLASP.KRAFT.6X9.100BX	BOX	5.000	5.00	72242801
4	1	1	0	273461 WOFQD3WHI24	WITE-OUT.EZ QUICK DRY.3PK.WHT	PACK	4.840	4.84	72242801

Thank you for your order. If you have any questions about your order please call us toll free at (888) 263-3423.

Cost Saving Solutions from Office Depot.
Did you know consolidating your orders saves your organization time and money.

Merchandise Total	129.33
Delivery Charge	0.00
Subtotal	129.33
Sales Tax(Exempt)	0.00
Order Total	129.33
Balance Due	0.00
Terms: Acct Bill	

PALM BEACH COUNTY
SHERIFF'S OFFICE
RIC L. BRADSHAW, SHERIFF

NOV 06 2015

BK

Bill To:
Town of Loxahatchee Groves
155 F Road

Laxahatchee Groves, FL, 33470

Invoice No: 49882
Invoice Date: 03-NOV-15
Due Date: 25-NOV-15
Customer No: 4935

Term: **CONTRACT** **Customer Contact:**

Line No.	Description	Quantity	Unit Price	Amount
1	Law Enforcememt Service Contract for the month of December 2015	1	$24062.17	$24,062.17
	001-521-341-000 $24,062.17			
Special Instructions:				Total $24,062.17

11/13/2015

RECEIVED
NOV 04 2015
BY: BK

WASTE PRO OF Palm Beach INC
A WASTE PRO USA CO - Palm Beach
411 Tall Pines Rd
West Palm Beach, Fl 33413
PHONE # 3561-688-8912 FAX# 561-688-8914

Invoice	Date	Account
275781	10/31/2015	003765

BALANCE FORWARD	PAYMENTS	NEW CHARGES	ADJUSTM	NEW BALANCE
$0.00	$0.00	$35,720.44	$0.00	$35,720.44

Customer Name: Town of Loxahatchee Groves

Date	Qty	Service Co	Description	Amount
10/01/2015-10/31/2015	1255	2X Week	Residential Monthly Service -Solid Waste	19,578.00
10/01/2015-10/31/2015	1255	Weekly	Residential Monthly Service -Yard Waste	10,667.50
10/01/2015-10/31/2015	1255	Weekly	Residential Monthly Service -Recycling	4,267.00

Total New Charges: $35,720.44

WASTE PRO OF FLORIDA INC
A WASTE PRO USA CO - Palm Beach
411 Tall Pines Rd
West Palm Beach, Fl 33413
PHONE # 3561-688-8912 FAX# 561-688-8914

ACCOUNT #	INVOICE	INV DATE	AMOUNT DUE
3765	275781	10/31/2015	$35,720.44

Town of Loxhatchee Groves
14579 Southern Blvd Ste 2
Loxahatchee, Fl 33470-9226

WH
11/13/2015

FY2016
405-534.434-000 $35,720.44

Town of Loxahatchee Groves
14579 Southern Boulevard, Suite 2 • Loxahatchee Groves . Florida 33470 • (561) 793-2418 Phone • (561) 793-2420 Fax • loxahatchecgrovcsfl.gov

CHECK REQUEST

The requestor hereby certifies that his request is supported by a
Sufficient unencumbered balance of duly appropriated funds

Invoice # 2015-11BK
Vendor #

Request Date: November 13, 2015

Vendor Name: Beverly Kuipers

Vendor Address:

Request by: F42016

Department*: Executive

Account: 001-512-420-000 - $12.65; 001-519-460-000 -$5.19

Description: Reimbursements

US Post Office - $12.65

Publix - $5.19

Issuance of this payment is authorized for the purpose noted

Amount: $17.84

Check #: _____ Check Date: _____

Approved by: _____

This check request if for all expenditures not accompanied with a properly authorized requisition, purchase order or invoice. Documents supporting this expense must be attached prior to submitting for payment. No Request will be processed without appropriate Department Signature and Supporting Documents.

* Repairs, Capital Expenditure, and extra-ordinary expenses must be approved by Department Commissioner prior to submitting for payment

REIMBURSE BEV

001-519-460-000-
$5.19

+ 6% Tax

$5.19

Will
11/13/2015

Publix

The Crossroads Shopping Center
1180 Royal Palm Beach Blvd
Royal Palm Beach, FL 33411
Store Manager: Mike Millien
561-790-4802

~~ENT CRN ORNG CAKE~~		~~4.79~~	~~F~~
SPECTRA WASP/HORN		4.49	T
~~POTATOES BAKING~~		~~2.49~~	~~F~~
GREEN ONIONS			
2 @ 2 FOR	1.99	1.99	F
BANANAS			
2.48 lb @	0.69/ lb	1.71	F
CUCUMBERS		0.85	F
PEPPERS GREEN BELL			
0.67 lb @	2.79/ lb	1.87	F
ONIONS SWT			
3.10 lb @	1.29/ lb	4.00	F
You Saved	0.62		

REIMBURSE BEV

==========

LOXAHATCHEE
14611 SOUTHERN BLVD
LOXAHATCHEE
FL
334709998
1154150204
11/04/2015 (800)275-8777 12:07 PM

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Product Description	Sale Qty	Final Price
PM 1-Day Med FR Box	1	$12.65
(Domestic)		
(FORT LAUDERDALE, FL 33301)		
(Flat Rate)		
(Expected Delivery Day)		
(Thursday 11/05/2015)		
(USPS Tracking #)		
(9505 5129 9196 5308 0441 46)		
Insurance	1	$0.00
(Up to $50.00 included)		
Total		$12.65
Credit Card Remitd		$12.65

(Card Name:AMEX)
(Account #:XXXXXXXXXXX1001)
(Approval #:513935)
(Transaction #:889)

For tracking or inquiries go to USPS.com or call 1-800-222-1811.

Save this receipt as evidence of insurance. For information on filing an insurance claim go to https://www.usps.com/help/claims.htm.

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

001-512-420.000

$12.65

****
Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at usps.com/poboxes.
****

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

HELP US SERVE YOU BETTER

TELL US ABOUT YOUR RECENT POSTAL EXPERIENCE

Go to:
https://postalexperience.com/Pos

or scan this code with your mobile device:

WELLS FARGO

WELLS FARGO® BUSINESS CARD

VISA

NOV 09 2015

OK

Prepared For	LOXAHATCHEE GROVES WILLIAM F UNDERWOOD
Account Number	[redacted]
Statement Closing Date	11/02/15
Days in Billing Cycle	32
Next Statement Date	12/01/15

Credit Line	$5,000
Available Credit	$4,389

For 24-Hour Customer Service Call:
800-225-5935

Inquiries or Questions:
WF Business Direct PO Box 348750
Sacramento, CA 95834

Payments:
Payment Remittance Center PO Box 6426
Carol Stream, IL 60197-6426

Payment Information

New Balance	$610.30
Current Payment Due	**$25.00**
Current Payment Due Date	**11/23/15**

If you wish to pay off your balance in full: The balance noted on your statement is not the payoff amount. Please call 800-225-5935 for payoff information.

Account Summary

Previous Balance		$147.00
Credits	-	$0.00
Payments	-	$147.00
Purchases & Other Charges	+	$610.30
Cash Advances	+	$0.00
Finance Charges	+	$0.00
New Balance	=	$610.30

WFF
11/13/2015

Rate Information

Your rate may vary according to the terms of your agreement.

TYPE OF BALANCE	ANNUAL INTEREST RATE	DAILY FINANCE CHARGE RATE	AVERAGE DAILY BALANCE	PERIODIC FINANCE CHARGES	TRANSACTION FINANCE CHARGES	TOTAL FINANCE CHARGES
PURCHASES	16.240%	.04449%	$0.00	$0.00	$0.00	$0.00
CASH ADVANCES	23.990%	.06572%	$0.00	$0.00	$0.00	$0.00
TOTAL				$0.00	$0.00	$0.00

Important Information

THE ENCLOSED CUSTOMER AGREEMENT HAS IMPORTANT CHANGES TO SOME OF THE TERMS AND CONDITIONS ASSOCIATED WITH YOUR ACCOUNT. PLEASE KEEP THIS AGREEMENT FOR YOUR RECORDS AS IT REPLACES ALL VERSIONS THAT WERE PREVIOUSLY SENT.
THANK YOU FOR CHOOSING WELLS FARGO.

FY 2016

See reverse side for important information.

5596 0008 YTG 1 7 1 151102 0 PAGE 1 of 4 1 0 5921 0600 BXIL OIDQ5596 7633

DETACH HERE

WELLS FARGO

Transaction Details

Trans	Post	Reference Number	Description	Credits	Charges
10/17	10/17	2443099932LZRAH0K	MSFT * E06001GSL4 800-642-7676 NV 001-519-491-000		147.00
10/20	10/20	7485620950A935HE1	Branch Payment - Check	147.00	
10/23	10/23	241640798Q5EX4J5J	USPS 11541502029415585 LOXAHATCHEE FL 001-512-420-000		13.30
10/26	10/26	24013219BWGNM7T9F	FLORIDA LEAGUE OF CITIES 850-222-9684 FL 001-511-500-000		225.00
10/26	10/26	24013219BWGNM7T97	FLORIDA LEAGUE OF CITIES 850-222-9684 FL 001-511-500-000		225.00

Wells Fargo News

What can Messages and Alerts do for your business?

Wells Fargo Business Online® can deliver timely updates on your business credit card account via email or text. Alerts allow you to control and receive only the messages that are important to you. Sign up for Alerts during your Wells Fargo Online session by going to the Messages and Alerts tab.

0-257 1-2

Happy Anniversary

This month marks the anniversary of your Wells Fargo Business Card. We thank you for your business and look forward to serving you for years to come.

How can Wells Fargo help your business? Learn more at **www.wellsfargo.com/biz**

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001-512-420-000

$13.30

==========

LOXAHATCHEE
14611 SOUTHERN BLVD
LOXAHATCHEE
FL
334709998
1154150204
10/23/2015 (800)275-8777 2:12 PM

==========
==========

Product Description	Sale Qty	Final Price
PM 1-Day	1	$5.75
(Domestic)		
(FORT LAUDERDALE, FL 33301)		
(Weight:0 Lb 9.10 Oz)		
(Expected Delivery Day)		
(Saturday 10/24/2015)		
(USPS Tracking #)		
(9505 5129 9197 5296 0386 69)		
Insurance	1	$0.00
(Up to $50.00 included)		
PM 1-Day	1	$7.55
(Domestic)		
(WELLINGTON, FL 33414)		
(Weight:3 Lb 7.40 Oz)		
(Expected Delivery Day)		
(Monday 10/26/2015)		
(USPS Tracking #)		
(9505 5129 9197 5296 0386 76)		
Insurance	1	$0.00
(Up to $50.00 included)		

Total $13.30

Credit Card Remitd $13.30
(Card Name:VISA)
(Account #:XXXXXXXXXXXX2962)
(Approval #:023263)
(Transaction #:997)

For tracking or inquiries go to USPS.com or call 1-800-222-1811.

Save this receipt as evidence of insurance. For information on filing an insurance claim go to https://www.usps.com/help/claims.htm.

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

****
Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at usps.com/poboxes.
****

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

HELP US SERVE YOU BETTER

TELL US ABOUT YOUR RECENT POSTAL EXPERIENCE

Go to:
https://postalexperience.com/Pos

or scan this code with

Beverly G. Kuipers

From: Melanie Howe <MHowe@flcities.com>
Sent: Tuesday, October 27, 2015 9:40 AM
To: Beverly G. Kuipers
Subject: FW: FLC 2015 Legislative Conference Registration Confirmation for Thomas Goltzené (21556)

From: EVENT PLANNING (TAL)
Sent: Monday, October 26, 2015 4:25 PM
To: tgoltzene@loxahatcheegrovesfl.gov
Cc: Melanie Howe <MHowe@flcities.com>
Subject: FLC 2015 Legislative Conference Registration Confirmation for Thomas Goltzené (21556)

FLC 2015 Legislative Conference

Embassy Suites Orlando - Lake Buena Vista South
4955 Kyngs Heath Rd.
Kissimmee, FL 34746

Dear Thomas Goltzené,

Thank you for registering for the FLC 2015 Legislative Conference. We look forward to your attendance. Please do not hesitate to contact us if you have any questions prior to the event. **This message is confirmation of your registration. If you paid by credit card, payment information will be detailed below.**

Contact Information:

Melanie G. Howe, CAE, CMP
Meetings Manager
(850) 222-9684
mhowe@flcities.com

Notes:

The Florida League of Cities 2015 Legislative Conference will be held November 19-20, 2015.

HOUSING INFORMATION: To make your hotel reservations at the **Embassy Suites Orlando - Lake Buena Vista South**, please click here. You may also contact the Embassy Suites directly at (407) 597-4000 and use the group code **LGE**. The group rate is **$149/night** and all reservations include a complimentary cooked-to-order breakfast and complimentary reception. Complimentary self-parking is also available. Please note that the reservation cut-off date is **October 17, 2015**, but the hotel could sell out before that time. **If the hotel is sold out, please contact Melanie Howe for a list of alternative suggestions.**

Registrant Information:

Registration Date	10/26/2015
Name	Thomas Goltzené
Nickname	Tom
Title	Councilman
Affiliation	Loxahatchee Groves
E-mail	tgoltzene@loxahatcheegrovesfl.gov
FIrst Time Attendee?	Yes

Will you be staying for the Ethics Training Friday afternoon?	No

Your Itinerary:

Registration Fee (1)	$225.00
Total	**$225.00**
Payments	$225.00
Balance	**$0.00**

Payment Receipt:

Credit Card Reference Code	7653691745
Credit Card Authorization Code	026728
Date Processed	10/26/2015
Total Paid	$225.00
Payment Type	VISA **********2962

This is an automated e-mail. Please do not reply to this message.

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001 - 511 - 500 - 000 - $225.00

Beverly G. Kuipers

From: Melanie Howe <MHowe@flcities.com>
Sent: Tuesday, October 27, 2015 9:38 AM
To: Beverly G. Kuipers
Subject: FW: FLC 2015 Legislative Conference Registration Confirmation for David Browning (14317)

From: EVENT PLANNING (TAL)
Sent: Monday, October 26, 2015 4:05 PM
To: dbrowning@loxahatcheegrovesfl.gov
Cc: Melanie Howe <MHowe@flcities.com>
Subject: FLC 2015 Legislative Conference Registration Confirmation for David Browning (14317)

FLC 2015 Legislative Conference

Embassy Suites Orlando - Lake Buena Vista South
4955 Kyngs Heath Rd.
Kissimmee, FL 34746

Dear David Browning,

Thank you for registering for the FLC 2015 Legislative Conference. We look forward to your attendance. Please do not hesitate to contact us if you have any questions prior to the event. **This message is confirmation of your registration. If you paid by credit card, payment information will be detailed below.**

Contact Information:

Melanie G. Howe, CAE, CMP
Meetings Manager
(850) 222-9684
mhowe@flcities.com

Notes:

The Florida League of Cities 2015 Legislative Conference will be held November 19-20, 2015.

HOUSING INFORMATION: To make your hotel reservations at the **Embassy Suites Orlando - Lake Buena Vista South**, please click here. You may also contact the Embassy Suites directly at (407) 597-4000 and use the group code **LGE**. The group rate is **$149/night** and all reservations include a complimentary cooked-to-order breakfast and complimentary reception. Complimentary self-parking is also available. Please note that the reservation cut-off date is **October 17, 2015**, but the hotel could sell out before that time. **If the hotel is sold out, please contact Melanie Howe for a list of alternative suggestions.**

Registrant Information:

Registration Date	10/26/2015
Name	David Browning
Nickname	Dave
Title	Mayor
Affiliation	Loxahatchee Groves
E-mail	dbrowning@loxahatcheegrovesfl.gov
FIrst Time Attendee?	Yes

Will you be staying for the Ethics Training Friday afternoon?	No

Your Itinerary:

Registration Fee (1)	$225.00
Total	**$225.00**
Payments	$225.00
Balance	**$0.00**

Payment Receipt:

Credit Card Reference Code	7653614080
Credit Card Authorization Code	026659
Date Processed	10/26/2015
Total Paid	$225.00
Payment Type	VISA **********2962

This is an automated e-mail. Please do not reply to this message.

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001-511-500-000- $225.00

The Palm Beach Post
REAL NEWS STARTS HERE
Palm Beach Daily News

ADVERTISING INVOICE and STATEMENT

BILLED ACCOUNT NUMBER	BILLING DATE	TOTAL AMOUNT DUE	DOCUMENT
G792	10/31/2015	$313.04	307760
BILLING PERIOD	TERMS OF PAYMENT	PAYMENT DUE	PAGE #
10/01/2015 - 10/31/2015	Upon Receipt	10/31/2015	1 / 1
ADVERTISER CLIENT #	ADVERTISER CLIENT NAME		
G792	TOWN OF LOXAHATCHEE GROVES		

CURRENT	PERIOD 1	PERIOD 2	PERIOD 3
$313.04	$0.00	$0.00	$0.00

058939-0003599 815-0PubAdv-002
0001367
TOWN OF LOXAHATCHEE GROVES
155 F RD
LOXAHATCHEE GROVES FL 33470-4949

RECEIVED
NOV 09 2015

ACCOUNT SUMMARY	
Previous Balance	$0.00
Payments on Account	$0.00
New Charges on Account	$313.04
Credit Adjustments	$0.00
Finance Charges	$0.00
Total Amount Due	**$313.04**

For questions concerning this bill call 855-333-2676

BY: BK

DATE	NEWSPAPER REFERENCE	DESCRIPTION	DIMENSIONS BILLED UNITS	TIMES RUN RATE	GROSS AMOUNT	NET AMOUNT
09/30/2015		**Previous Balance**				**$0.00**
10/22/2015	499220	ORDER ID 436266 RAN ON 6/26/15 ORDIA				
10/22/2015		PB Post			313.04	313.04
10/31/2015		**Total Amount Due**				**$313.04**

Accrue back to
FY 2015

001-512-493-000 - $313.04

PLEASE DETACH AND INCLUDE WITH YOUR PAYMENT

PAYMENT COUPON

DOCUMENT	BILLING DATE	TERMS OF PAYMENT	PAYMENT DUE	ADVERTISER CLIENT #	ADVERTISER CLIENT NAME
307760	10/31/2015	Upon Receipt	10/31/2015	G792	TOWN OF LOXAHATCHEE GROVES

Please send your payment to:

CMG - PB Remittance Address
PO Box 645098
Cincinnati, OH 45264-5098

G792
TOWN OF LOXAHATCHEE GROVES
155 F RD
LOXAHATCHEE GROVES FL 33470-4949

TOTAL AMOUNT	AMOUNT ENCLOSED
$313.04	

0050030776000000313043

The Palm Beach Post
Real News Starts Here

RECEIPT

TOWN OF LOXAHATCHEE GROVES
NOTICE OF PUBLIC HEARING

The following proposed ordinances, which are published by caption only, were passed on public hearing/first reading at the Regular Town Council meeting of the Town of Loxahatchee Groves, Florida on Tuesday, June 16, 2015. These ordinances will be presented for public hearing/second and final reading, and reviewed and acted on by the Town Council at the public meeting to be held at the Loxahatchee Groves Town Hall, 155 F Road, Loxahatchee Groves, Florida on Tuesday, July 7, 2015, at 7:00 p.m., or as soon thereafter as the agenda permits.

ORDINANCE NO. 2015-04

AN ORDINANCE OF THE TOWN COUNCIL OF THE TOWN OF LOXAHATCHEE GROVES, FLORIDA, SCHEDULING THE DATE OF THE TOWN'S 2016 GENERAL MUNICIPAL ELECTION, PURSUANT TO SECTION 101.75, FLORIDA STATUTES, TO MARCH 15, 2016 TO COINCIDE WITH THE 2016 PRESIDENTIAL PREFERENCE PRIMARY; PROVIDING FOR THE QUALIFYING PERIOD FOR THE 2016 MUNICIPAL GENERAL ELECTION; PROVIDING FOR CONFLICTS, PROVIDING FOR SEVERABILITY, AND PROVIDING FOR AN EFFECTIVE DATE.

ORDINANCE NO. 2015-05

AN ORDINANCE OF THE TOWN COUNCIL OF THE TOWN OF LOXAHATCHEE GROVES, FLORIDA, AMENDING ORDINANCE 2014-08, WHICH IMPOSED A MORATORIUM ON THE PROCESSING AND REVIEW OF APPLICATIONS FOR AMENDMENTS TO THE TOWN'S COMPREHENSIVE PLAN, INCLUDING FUTURE LAND USE MAP AMENDMENTS AND TEXT AMENDMENTS, RELATING TO COMMERCIAL LAND USES ON PROPERTIES FRONTING ON OKEECHOBEE BOULEVARD WITHIN THE CORPORATE BOUNDARIES OF THE TOWN, TO EXTEND THE MORATORIUM UNTIL DECEMBER 31, 2015 TO ENABLE THE ADOPTION OF APPROPRIATE AMENDMENTS TO THE TOWN'S COMPREHENSIVE PLAN; PROVIDING FOR CONFLICTS; PROVIDING FOR SEVERABILITY; AND PROVIDING FOR AN EFFECTIVE DATE.

Interested parties may appear at said meeting and be heard with respect to these proposed ordinances. The subject ordinances may be inspected by the public by sending a request to the Town of Loxahatchee Groves, 155 F Road, Loxahatchee Groves, Florida 33470, or by contacting the Town Clerk at 561-793-2418. Pursuant to F.S. 286.0105, please be advised that if a person decides to appeal any decision made by the Town Council with respect to any matter considered at this meeting, they will need a record of this proceeding, and for such purpose, they may need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence upon which the appeal is to be based. Persons who require special accommodation to participate in the proceedings should call the Town Clerk's Office at 561-793-2418 at least 48 hours in advance to request such accommodation.

Janet K. Whipple, MMC
Town Clerk
PUB: The Palm Beach Post
6-26/ 2015 #436266

Account Statement

Armand Professional Services Inc.
11388 Okeechobee Boulevard
Suite B
Royal Palm Beach, FL 33411
561-793-3700

Account #: 101326

Statement Date: 11/2/2015

Total Amount Due: 265.00

Town of Loxahatchee Groves
155 F ROAD
LOXAHATCHEE GROVES, FL 33470

Date	Invoice #	Description		Amount	Balance
Service Address: Town of Loxahatchee Groves 155 F ROAD, LOXAHATCHEE GROVES, FL 33470					
10/19/2015	62847	EOM Pest Prevention	PD	~~65.00~~	~~65.00~~
11/1/2015	63242	Landscape Maintenance Billing		200.00	200.00

FY2016

001-519-340-000

$ 200.00

WFH
1/12/2015

Your electric statement

Account number: 28761-96367

For: Oct 08 2015 to Nov 07 2015 (30 days)
Customer name: TOWN OF LOXAHATCHEE GROVES
Service address: 155 F RD

Statement date: Nov 07 2015
Next meter reading: Dec 08 2015

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
354.82	354.82 CR	0.00	0.00	349.13	**$349.13**	**Nov 30 2015**

Meter reading - Meter KEL2899

Current reading	50734
Previous reading	- 47380
kWh used	**3354**

Energy usage

kWh this month	3354
Service days	30
kWh per day	111

****The electric service amount includes the following charges:**

Customer charge:	$7.46
Fuel:	$104.98
($0.031300 per kWh)	
Non-fuel:	$205.46
($0.061260 per kWh)	

Amount of your last bill		354.82
Payment received - Thank you		354.82 C
Balance before new charges		$0.00
New charges (Rate: GS-1 GENERAL SVC NON-DEMAND / BUSINESS)		
Electric service amount	317.90**	
Storm charge	3.06	
Gross receipts tax	8.23	
Franchise charge	19.94	
Total new charges		$349.13
Total amount you owe		**$349.13**

- Payment received after **January 28, 2016** is considered **LATE**; a late payment charge of **1%** will apply.

001-519-420-000

$349.13

NOV 12 2015

BK

WH
11/13/2015

Please have your account number ready when contacting FPL.

Customer service:	1-800-375-2434
Outside Florida:	1-800-226-3545
To report power outages:	1-800-4OUTAGE (468-8243)
Hearing/speech impaired:	711 (Relay Service)
Online at:	**www.FPL.com**

Palm Beach County
Water Utilities Department
9045 Jog Road
Boynton Beach, Florida 33472
www.pbcwater.com

Palm Beach County Water Utilities

Customer Service
Central County: (561) 740-4600
Boca Raton: (561) 278-5135
Toll Free: (877) 477-1305

ACCOUNT NUMBER	ID #	SERVICE ADDRESS	STATEMENT DATE	DUE DATE
1000681823	1976	13901 SOUTHERN BLVD LOXAHATCHEE	11/02/2015	11/23/2015

METER NUMBER	CLASS	SERVICE FROM	SERVICE TO	# OF DAYS	READ TYPE	METER READINGS (000's Gallons) CURRENT	PREVIOUS	USAGE (000's Gallons)
1821127786	C	09/28/2015	10/26/2015	28	ACTUAL	158	158	0

USAGE HISTORY (000's Gallons)
ONE YEAR AGO
LAST MONTH
1
12 MONTH AVERAGE
1

BALANCE LAST BILL	$	99.95
PAYMENT		(99.95)
BASE FACILITY FEE - WATER		85.04
FRANCHISE FEE		17.00

NOV 06 2015

BK

001-519-420-000 $102.04

11/13/2015

PAY THIS AMOUNT ⇒ $ 102.04

A Customer May Request That The Water Meter Serving Their Property Be Re-Read For A $35 Service Fee In The Event That It Is Determined That The Initial Reading Was Incorrect, This Fee Will Be Waived

In accordance with the provisions of ADA, this document may be requested in an alternate format.

Town of Loxahatchee Groves
14579 Southern Boulevard, Suite 2 • Loxahatchee Groves . Florida 33470 • (561) 793-2418 Phone • (561) 793-2420 Fax • loxahatchecgrovcsfl.gov

CHECK REQUEST

The requestor hereby certifies that his request is supported by a
Sufficient unencumbered balance of duly appropriated funds

Invoice #	2015-Naidoo
Vendor #	

Request Date: November 13, 2015

Vendor Name: Rajendran Naidoo

Vendor Address: 12989 Southern Boulevard, Mod3, Suite 202, Loxahatchee Groves FL 33470

Request by: FY 2015

Department*: General Fund

Account: 001-341-000-000 (-20.00)

Description: Reimbursements

Business Tax Receipt - 08/18/2015

Issuance of this payment is authorized for the purpose noted

Amount: $20.00

Check #: _____ Check Date: _____

Approved by: _____

This check request if for all expenditures not accompanied with a properly authorized requisition, purchase order or invoice. Documents supporting this expense must be attached prior to submitting for payment. No Request will be processed without appropriate Department Signature and Supporting Documents.

* Repairs, Capital Expenditure, and extra-ordinary expenses must be approved by Department Commissioner prior to submitting for payment

REFUND

RECEIPT

Town of Loxahatchee Groves

14579 Southern Blvd., Suite 2
Loxahatchee Groves, FL 33470
(561) 793-2418

Florida's Last Frontier

396859

DATE 8/18/15

RECEIVED FROM Rajendran Naidoo $ 20 -

Twenty & no/100 DOLLARS

FOR BTR

AMOUNT OF ACCOUNT		
THIS PAYMENT	20	-
BALANCE DUE		

☒ CASH
☐ CHECK
☐ M.O.

BY B. [illegible]

THANK YOU

ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County

Serving *you.*

Sec. 17-17 of PBC Ordinance No. 72-7.
No business tax receipt shall be issued until applicable county and state laws are complied with including, but not limited to, building, zoning, construction industry licensing, fire control and health.

www.pbctax.com

AUG 18 2015

Application For Palm Beach County Local Business Tax Receipt

VOID

#1: BUSINESS INFORMATION (To be completed by applicant): **Instructions & checklist on reverse side**

Check Applicable Box: ■ New Business ☐ Transfer of Address ☐ Transfer of Ownership ☐ Business Name Change
☐ Other _____

Existing PBC LBTR # (if applicable): _____

Corporation/Business Name: TRANSITIONAL CARE MEDICAL ASSOCIATES INC.

Fictitious/DBA/Trade Name: _____
Division of Corporations requires registration of a fictitious name. Submit copy of registration with this application.

Owner/Applicant Name: RAJENDRAN NAIDOO

Federal Employer ID #: 47-4754452 **OR** Social Security #: _____

Business Address: 12989 SOUTHERN BLVD, MOD 3, STE 202 City: LOXAHATCHEE State: FL ZIP: 33470-9291

Applicant/Business Start Date at Location: 08/11/2015 Business Phone Number: 561-793-6633 EXT. 104

Mailing Address (if different above): _____ City: _____ State: _____ ZIP: _____

E-Mail address: ADMIN@OSSPB.COM

Nature of Business: MEDICAL OFFICE **OR** Profession: PHYSICIAN
(Landscaper, Cleaning Service, etc.) (Doctor, Lawyer, etc.)

Maximum Number of: Employees: 1 Machines: 0 Rooms: 1 Restaurant seating: _____

Were you issued a Notice of Non-Compliance? _____ Yes NO No

VOID

I certify, under penalty of law, that the above information is true and correct, and I understand that any false statements could result in penalties as provided by law.

Signature: _____ Title: Owner
(Agent, Owner, Rep.)

#2: PLEASE NOTE: ZONING APPROVAL MUST BE COMPLETED PRIOR TO APPLICATION SUBMITTAL **See reverse side for details on zoning**

Municipal/City Zoning Approval: _____ Title: _____
Additional Fees May Apply

Unincorporated Zoning Approval/Planning Zoning & Building Approval: _____ Title: _____

PCN: _____ ePZB Application Number: _____ Date: _____

Control Number: _____ Resolution Number: _____

PZ&B - Check box if approval from department is required***

☐ Zoning (U No.) _____
☐ Compliance _____
☐ Building _____
☐ NAICS Code _____
☐ Other _____

VOID

Regulator Signature required on line, when approval has been granted***

☐ Fire Marshall _____
☐ Health Department _____
☐ Hotel & Restaurant _____
☐ Prior Use of Bay/Bldg. _____
☐ Cnty Home Based Affidavit _____

FOR TCO OFFICE USE ONLY

LBTR#/Account #: _____ State/County License Cert #: _____

CSS / SCSS: _____ Date: _____ Field Service Approval: _____

NAICS Code _____ TOTAL FEE DUE: $ _____ Receipt #: _____

Town of Loxahatchee Groves
14579 Southern Boulevard, Suite 2 • Loxahatchee Groves . Florida 33470 • (561) 793-2418 Phone • (561) 793-2420 Fax • loxahatchecgrovesfl.gov

CHECK REQUEST

The requestor hereby certifies that his request is supported by a
Sufficient unencumbered balance of duly appropriated funds

Invoice #	2015-11[redacted] PBCCC
Vendor #	

Request Date: November 13, 2015

Vendor Name: Sharon R. Bock, Clerk and Comptroller

Vendor Address: 2600 Blair Stone Road, Tallahassee, FL 32399-2400

Request by:

Department*: Executive

Account: 001-512-492-000

Description: Escrow Account
Palm Beach County Clerk and Comptroller
Recording Fees, Certifications, etc

Issuance of this payment is authorized for the purpose noted

Amount: $500.00

Check #: _____ Check Date: _____

Approved by: W. F. Underwood II

This check request if for all expenditures not accompanied with a properly authorized requisition, purchase order or invoice. Documents supporting this expense must be attached prior to submitting for payment. No Request will be processed without appropriate Department Signature and Supporting Documents.

* Repairs, Capital Expenditure, and extra-ordinary expenses must be approved by Department Commissioner prior to submitting for payment

LEGAL RECORDS

ESCROW AGREEMENT

THIS ESCROW AGREEMENT (the "Agreement"), dated _____, is made between SHARON R. BOCK, Clerk and Comptroller of Palm Beach County, (the "Clerk") and TOWN OF LOXAHATCHEE GROVES (the "Customer").

WHEREAS, the Clerk provides various services for fees and costs as prescribed by Florida Statute;

WHEREAS, the Customer and the customer's employees and/or agents require the services of the Clerk's office; and

WHEREAS, the Customer and Clerk have sought an efficient and effective means of obtaining such services;

NOW, THEREFORE, the Clerk and the Customer agree as follows:

1. A non-interest bearing escrow account shall be established for payment of charges, costs and fees incurred by Customer.

2. The Customer shall deposit funds into the escrow account to be drawn upon by the Customer's Authorized Users for payment of Clerk's fees, charges and costs.

3. An executed Agreement with a User Authorization/Change Form (Exhibit "A" attached hereto) and the initial escrow deposit must be submitted to the Clerk's office in order to establish an account. The Clerk shall notify the Customer of the establishment and availability of the escrow account by written transmittal of the escrow account number to the Customer's address as indicated in this Agreement.

4. The Customer shall designate a Principal Agency Representative and an Alternate Agency Representative. The Agency Head as well as the Principal and the Alternate Agency Representatives shall be responsible for establishing and maintaining the list of "Authorized Users." Authorized Users are persons designated and specifically authorized by the Customer to use the escrow account. The Customer, through the Agency Head, Principal or Alternate Agency Representative, may designate up to (5) five Authorized Users by completing the User Authorization/Change Form (attached hereto as Exhibit "A").

5. It is the Customer's sole responsibility to maintain the privacy of the assigned escrow account assigned to the Customer. The Clerk is not responsible for any unauthorized usage of the escrow account. It is the Customer's sole responsibility to notify the Clerk of any modification to the list of Authorized Users by sending a written request to the Clerk using the User Authorization/Change Form attached hereto as Exhibit "A." The Form must be signed by the Agency Head, Principal or Alternate Agency Representative. A written confirmation of modification will be sent to Customer upon update of the authorized users list. The modification is not complete until the Customer receives the

written confirmation. The Customer may call the Clerk to obtain expedited confirmation as appropriate.

6. All escrow transactions require a completed Transaction Request Form. The Transaction Request Form shall be submitted to the appropriate Clerk department for processing.

7. The Customer shall designate a minimum escrow account balance. The Clerk will send a written notification to the Customer, at the address indicated herein, if the Customer's account is equal to or less than _____. The escrow account may be replenished at any time with a deposit by cash, check or money order. The Customer may mail or deliver the deposit to the Accounting Department or the appropriate operational department. The Customer will receive monthly escrow account activity statements.

8. The Customer shall maintain adequate funds in its escrow account to ensure timely processing of service transactions. If the Customer's escrow account balance is insufficient to process a transaction request, the Customer will be notified and the transaction request will not be completed until sufficient funds are received.

9. If the Customer desires to close its escrow account, the Customer must provide written notice to the Clerk signed by the Agency Head, Principal or Alternate Agency Representative. The notice must indicate the Customer name and the escrow account number to be closed. Upon receipt of such notice, the Clerk will close the escrow account and forward any remaining balance in the escrow account to the Customer.

10. The Clerk retains the right to close any escrow account at any time in its sole discretion. The customer shall be given at least 14 days written notice of closing. Upon closing, any remaining balance in the escrow account will be returned to the customer at the address listed herein.

11. If any term or provision of this Agreement, or the application thereof to any person or circumstances shall, to any extent, be held invalid or unenforceable, the remainder of this Agreement, or the application of such terms or provision, to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected, and every other term and provision of this Agreement shall be deemed valid and enforceable to the extent permitted by law.

12. If any legal action or other proceeding is brought for the enforcement of this Agreement, or because of an alleged dispute, breach, default, or misrepresentation in connection with any provisions of this Agreement, the Clerk shall be entitled to recover reasonable attorney's fees, court costs (including, without limitation, all such fees, costs and expenses incident to appeals), and all expenses (including taxes), even if not taxable as court costs, incurred in that action or proceeding, in addition to any other relief to which such party or parties may be entitled. Venue for such action will be Palm Beach County, Florida.

13. The Clerk and the Customer agree by mutual consent to use Alternative Dispute Resolution (ADR) to resolve all issues in controversy under this Agreement prior to proceeding with any formal litigation. If either party refuses an offer for ADR, that party shall inform the other party in writing of the reason(s) for such refusal. If ADR is used, an agreement should be reached by the parties on the alternative procedures and terms to be used in lieu of formal litigation and participation in the process shall include officials of both parties who have the authority to resolve the issue in controversy.

14. The Customer is aware that this agreement and any subsequent transaction request(s) is subject to Florida Statutes Chapter 119 (Florida's Public Records Act).

15. The Clerk and the Customer agree that this Agreement sets forth the entire agreement between the Clerk and the Customer, and that there are no promises or understandings other than those stated herein. None of the provisions, terms and conditions contained in this Agreement may be added to, modified, superseded or otherwise altered, except by written instrument executed by both the Clerk and the Customer.

AGENCY NAME

BY: _____
Agency Head

_____
Signature Date

TOWN OF LOXHATCHEE GROVES

[Address]
155 F Road, Loxahatchee Groves, FL 33470

(561) 793-2418

[Phone Number]

SHARON R. BOCK,
CLERK AND COMPTROLLER

BY: _____

DEPUTY CLERK

Send all notifications to Clerk at:
Clerk and Comptroller
Recording Department
PO
205 North Dixie Hwy., Room 4.25
West Palm Beach, FL 33402
Attn: Records & Escrow Specialist
(561) 355-2048

EXHIBIT "A"

DESIGNATION OF PRINCIPAL
AND
ALTERNATE AGENCY REPRESENTATIVE

The undersigned customer, _____[Print Name of Agency] by and through its Agency Head, hereby designates the following persons as authorized Agency Representatives:

Principal Authorized Representative

_____
Print Name of Principal Representative

Alternate Authorized Representative

_____
Print Name of Alternate Authorized Representative

Done and executed this _____ day of _____, 20___.

_____
Agency Head Printed Name

_____
Agency Head Signature

Virginia Walton

From: Coloyan, Carol <Ccoloyan@mypalmbeachclerk.com>
Sent: Wednesday, November 04, 2015 4:18 PM
To: Virginia Walton
Cc: Boyd, Julia
Subject: RE: Escrow Recording Agreement
Attachments: escrowagreement.pdf

Good afternoon Ms. Walton,

Here is some information on escrow accounts that should be helpful. I have attached an escrow agreement form. If you still have questions, please feel free to contact me by e-mail or directly at the phone number below.

Benefits of an Escrow Account

- Documents are not rejected due to shortage of monies.
- Index/Photocopy orders are processed upon receipt of request.
- A customer-defined dollar amount threshold is monitored for each escrow account. Upon reaching that balance a notification to the customer is provided by phone, fax or email.
- Monthly activity statements are provided for each escrow account. Statements include deposits, receipt numbers, fees for each transaction and the current escrow balance.

Services That Can Be Paid Out of Escrow

Examples of services that can be paid out of escrow accounts include:

- Recording fees
- Copies
- Document certification
- Abstract fees (for real estate)
- Search fees (for reference or lookup)
- Index fees
- State documentary stamps
- Intangible tax (For any Deed or Contract for Deed)

Establishing an Escrow Account

To qualify for an account, you must:

- Have no instances of checks (made payable to Sharon R. Bock, Clerk & Comptroller) returned due to insufficient funds or closed accounts.
- Complete and submit an escrow agreement to the Recording department (see instructions below).
- Make all escrow deposits in the form of cash, check, or money order, made payable to Sharon R. Bock, Clerk & Comptroller.
- Maintain adequate funds in escrow to ensure all transactions submitted have the necessary funds for processing.

To open an escrow account, complete an Escrow Agreement Form and submit it with an escrow deposit to the Recording Department The amount of the deposit is based on your discretion. All initial escrow deposits must be made by cash, check or money order and must be payable to the Clerk & Comptroller. You will be notified of your escrow account number by mail, upon receipt of your deposit.

Carol Coloyan
Supervisor - Court Operations
Recording

WELLS FARGO

NOV 09 2015

BK

WELLS FARGO® BUSINESS CARD

VISA

Prepared For	LOXAHATCHEE GROVES PERLA UNDERWOOD
Account Number	[redacted]
Statement Closing Date	11/02/15
Days in Billing Cycle	32
Next Statement Date	12/01/15

Credit Line	$5,000
Available Credit	$2,763

For 24-Hour Customer Service Call:
800-225-5935

Inquiries or Questions:
WF Business Direct PO Box 348750
Sacramento, CA 95834

Payments:
Payment Remittance Center PO Box 6426
Carol Stream, IL 60197-6426

Payment Information

New Balance	$2,087.68
Current Payment Due	**$41.00**
Current Payment Due Date	**11/23/15**

If you wish to pay off your balance in full: The balance noted on your statement is not the payoff amount. Please call 800-225-5935 for payoff information.

Account Summary

Previous Balance		$2,900.19
Credits	-	$0.00
Payments	-	$2,900.19
Purchases & Other Charges	+	$2,087.68
Cash Advances	+	$0.00
Finance Charges	+	$0.00
New Balance	=	$2,087.68

WFH
11/13/2015

Rate Information

Your rate may vary according to the terms of your agreement.

TYPE OF BALANCE	ANNUAL INTEREST RATE	DAILY FINANCE CHARGE RATE	AVERAGE DAILY BALANCE	PERIODIC FINANCE CHARGES	TRANSACTION FINANCE CHARGES	TOTAL FINANCE CHARGES
PURCHASES	16.240%	.04449%	$0.00	$0.00	$0.00	$0.00
CASH ADVANCES	23.990%	.06572%	$0.00	$0.00	$0.00	$0.00
TOTAL				$0.00	$0.00	$0.00

Important Information

THE ENCLOSED CUSTOMER AGREEMENT HAS IMPORTANT CHANGES TO SOME OF THE TERMS AND CONDITIONS ASSOCIATED WITH YOUR ACCOUNT. PLEASE KEEP THIS AGREEMENT FOR YOUR RECORDS AS IT REPLACES ALL VERSIONS THAT WERE PREVIOUSLY SENT.
THANK YOU FOR CHOOSING WELLS FARGO.

F42016

See reverse side for important information.

5596 0008 YTG 1 7 1 151102 0 PAGE 1 of 4 1 0 5921 0600 BXIL 01DQ5596 7632

DETACH HERE

WELLS FARGO

Transaction Details

Trans	Post	Reference Number	Description		Credits	Charges
10/01	10/02	24445008K8PS0SVPN	EASY SELF STORAGE WEST PALM B FL	001-519-440-000		149.00 ✓
10/02	10/02	24164078KQ5EKKJLQ	USPS 11541502029415585 LOXAHATCHEE FL	001-512-420-000		55.29 ✓
10/08	10/08	24493988S61BLAXAV	FERRIN SIGNS INC 561-802-4242 FL	001-519-620-000		1,135.00 ✓
10/15	10/15	2471705913VRFT0G7	STAMP X PRESS COM 414-7714150 WI	001-512-510-000		69.99 ✓
10/16	10/16	241640791Q5EX4HH6	USPS 11541502029415585 LOXAHATCHEE FL	001-512-420-000		41.16 ✓
10/19	10/19	2422638952LR2ETTZ	WAL-MART #0929 PORT ST LUCIE FL X MAS	001-512-510-000		159.00 ✓
10/19	10/19	2490641940JEK71D4	Dropbox*SVSQGSZPM4FF 888-4468396 CA	001-519-491-000		42.74 ✓
10/20	10/20	7485620950A934S8W	Branch Pa[redacted]		2,900.19	
10/30	10/30	24493989F0D182JTJ	CANDYWAREHOUSE.COM, IN 310-343-4099 CA	001-511-850-000		435.50 ✓

0-237
1-2

Wells Fargo News

What can Messages and Alerts do for your business?

Wells Fargo Business Online® can deliver timely updates on your business credit card account via email or text. Alerts allow you to control and receive only the messages that are important to you. Sign up for Alerts during your Wells Fargo Online session by going to the Messages and Alerts tab.

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LOXAHATCHEE
14611 SOUTHERN BLVD
LOXAHATCHEE
FL
334709998
1154150204
10/02/2015 (800)275-8777 1:59 PM

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Product Description	Sale Qty	Final Price
First-Class Mail Large Envelope (Domestic) (WEST PALM BEACH, FL 33402) (Weight:0 Lb 1.10 Oz) (Expected Delivery Day) (Monday 10/05/2015)	1	$1.20
First-Class Mail Large Envelope (Domestic) (TALLAHASSEE, FL 32315) (Weight:0 Lb 4.00 Oz) (Expected Delivery Day) (Monday 10/05/2015)	1	$1.64
Certified (@@USPS Certified Mail #) (70150640000466295470)	1	$3.45
(Forever) Star-Spangled Banner PSA Coil/100 (Unit Price:$49.00)	1	$49.00
Total		$55.29
Credit Card Remitd (Card Name:VISA) (Account #:XXXXXXXXXXXX2629) (Approval #:002099) (Transaction #:620)		$55.29

For tracking or inquiries go to USPS.com or call 1-800-222-1811.

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

****
Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at usps.com/poboxes.
****

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

HELP US SERVE YOU BETTER

TELL US ABOUT YOUR RECENT POSTAL EXPERIENCE

Go to:
https://postalexperience.com/Pos

or scan this code with your mobile device:

7015 0640 0004 6629 5470

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

TALLAHASSEE FL 32315
OFFICIAL USE

Certified Mail Fee $3.45 — 0204 04
$
Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ $0.00
- ☐ Return Receipt (electronic) $ $0.00
- ☐ Certified Mail Restricted Delivery $ $0.00
- ☐ Adult Signature Required $ $0.00
- ☐ Adult Signature Restricted Delivery $

Postage $1.64
$
Total Postage and Fees $5.09
$

Postmark Here
LOXAHATCHEE FL
OCT 02 2015
10/02/2015
33470

Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

001-512-420-000

$ 55.29

Beverly G. Kuipers

From: wss@webselfstorage.com
Sent: Tuesday, September 01, 2015 6:17 AM
To: Beverly G. Kuipers
Subject: AUTO PAYMENTS

Dear PERLA UNDERWOOD,

Below you will find an important electronic message FROM EASY SELF STORAGE CENTER regarding your storage unit(s). If the message does not display properly, click ON the following link AND follow the instructions to view it. If the link does not work copy AND paste it INTO your browser window.
https://www.webselfstorage.com/customerletter.asp?ltl=A87550508,8779824E002138

Thank you.

001-519-440-000 $149.00

Storage Manager
EASY SELF STORAGE CENTER
(561)422-2100

Important Message FROM EASY SELF STORAGE CENTER

EASY SELF STORAGE CENTER
10200 FOX TRAIL SOUTH
WEST PALM BEACH, FL 33411
Phone :(561)422-2100

AUTO PAYMENT

Payment Due Date: 10/1/2015

TOWN OF LOXAHATCHEE GROVES
MARK KUTNEY
14579 SOUTHERN BLVD
LOXAHATCHEE, FL 33470

Dear PERLA UNDERWOOD

Your rent for room 0246 in the amount of $149.00 has been charged to your credit card.

Thank you for your business.

Account Summary - Room #: 0246

Item	Amount

Monthly Rent	:	$149.00	Rent	$149.00
Date Of Last Payment	:	Sep 1 2015	Discounts	$0.00
Amount Of Last Payment	:	$149.00	Fees	$0.00
Payment Due Date	:	Oct 1 2015	Insurance	$0.00
Rent Paid-Thru Date	:	Sep 30 2015	Services	$0.00
Contract Credit	:	($0.00)	Taxes	$0.00
			Current Balance	$0.00

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LOXAHATCHEE
14611 SOUTHERN BLVD
LOXAHATCHEE
FL
334709998
1154150204
10/16/2015 (800)275-8777 2:32 PM

==========
==========

Product Description	Sale Qty	Final Price
(Forever) Star-Spangled Banner PSA Bklt/20 (Unit Price:$9.80)	4	$39.20
(Forever) Purple Heart PSA 2012 (Unit Price:$0.49)	4	$1.96
Total		$41.16
Credit Card Remitd (Card Name:VISA) (Account #:XXXXXXXXXXXX2629) (Approval #:016585) (Transaction #:931)		$41.16

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

****
Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at usps.com/poboxes.
****

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

HELP US SERVE YOU BETTER

TELL US ABOUT YOUR RECENT POSTAL EXPERIENCE

Go to:
https://postalexperience.com/Pos

or scan this code with your mobile device:

or call 1-800-410-7420.

YOUR OPINION COUNTS

001-512-420-000

$ 41.16

Bill #: 840-53270124-2-189059-2
Clerk: 05

Christmas Tree > Perla

Walmart

Save money. Live better.

(772) 335 - 5359
MANAGER KELLY MEIZINGER
10855 SO. US HWY #1
PORT ST LUCIE FL 34952

ST# 00929 OP# 006030 TE# 72 TR# 04646

9FT WILLIAMS 088762803874	159.00	O
SUBTOTAL	159.00	
TOTAL	159.00	
VISA TEND	159.00	

Visa Credit **** **** **** 2629 I 1
APPROVAL # 019071
REF # 529200220191
TRANS ID - 585292030647091
VALIDATION - TWVB
PAYMENT SERVICE - E

AID A0000000031010
TC 454C384ACE151680
TERMINAL # 2030870516
*Signature Verified

10/19/15 19:04:44

CHANGE DUE 0.00

ITEMS SOLD 1

TC# 5496 6581 4982 1639 3931 1

Low Prices You Can Trust. Every Day.
10/19/15 19:04:44

CUSTOMER COPY

Savings Catcher! Scan with Walmart app

wrong

~~001-512-510-000~~

001-512-510-000

$159.00

INVOICE DATE 10-15-15

FOR ALL CORRESPONDENCE REFER TO THIS NUMBER: A010665

6208R BILL TO
TOWN OF LOXAHATCHEE GROVES
155 F ROAD
LOXAHATCHEE GROVES, FL 33470
United States

SHIP TO

SAME

PAGE 1

ORDERED BY BEVERLY KUIPERS
PURCHASE ORDER REF:

1541\16VRH1.CDR

LN	PART#	DESCRIPTION	QTY	UNIT PRICE	NET EXT PRICE
1	TR5415	SI 5415 DiePlate Dater HeavyDu /Red	1	69.99	69.99

QC BY CNX

INVOICE

* REQUIRED TO COLLECT SALES AND USE TAXES

TOTAL PRODUCT	SALES/USE TAX *	SHIPPING AND GUARANTEED DELIVERY	TOTAL INVOICE	PAYMENT/ CREDITS/PROMO	AMOUNT DUE
69.99	0.00	0.00	69.99	-69.99	DO NOT PAY

TERMS: NET ON RECEIPT OF INVOICE NO CASH DISCOUNT
FOB DESTINATION FED ID NO 39-0602450

StampXpress

1

001-512-510-000

$69.99

FERRIN Signs
945 26th STREET • WEST PALM BEACH, FLORIDA 33407

Town of Loxahatchee Groves
155 F Road
Loxahatchee Grove, FL 33470

September 14, 2015

Attn:

Account Executive: Bob Becker

REFERENCE: Freestanding Sign

In response to your request, we are pleased to submit the following proposal:

Furnish and install one (1) custom double face non illuminated freestanding sign as per Ferrin Signs design #71500~~3~~. 4

Sign 4' x 6' installed 6' overall height.

Sign cabinet is to be fabricated of aluminum. Aluminum is to be chemically treated, primed and finished in an air dried enamel.

Faces are to be fabricated from aluminum with vinyl copy.

PRICE: $ 2,270.00

Permit costs and engineering (if required) are not included in the price above. These costs will be reflected on the final invoice. These costs will consist of permit fees at actual cost, an engineering fee of $200.00 for each free standing sign and a final inspection fee of $100.00.

We sincerely hope this proposal meets with your approval and that we may be favored with your order.

TERMS:
The above total price shall be paid as follows:
50% with purchaser's acceptance of contract..... $ 1,135.00
.....
50% upon completion of installation..... $ 1,135.00

TOTAL: $ 2,270.00

001-519-620-000 $ 1,135.00

PALM BEACH (561) 802-4242 | STUART (772) 340-4865 | BROWARD (954) 764-2042 | FAX (561) 802-4340

A FINANCE CHARGE OF 1.5% PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE OF 18%, WILL BE ADDED TO ALL PAST DUE ACCOUNTS.

CANDY WAREHOUSE (http://www.candywarehouse.com/)

CANDY MENU

Search by color, brand, flavor, etc...

Shopping Cart

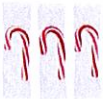
001-511-820-000

$435.50

View Saved Orders Save Your Order Need help with your order?

Continue to Checkout

You qualify for FREE GROUND SHIPPING! Use the promotion code: FreeShip200



1100

(http://www.candywarehouse.com/themes/christmas-candy/products/bobs-mini-peppermint-candy-canes-1120-piece-case/?OrderItemId=7354072)

Bob's Mini Peppermint Candy Canes - Bulk: 1120-Piece Case (http://www.candywarehouse.com/themes/christmas-candy/products/bobs-mini-peppermint-candy-canes-1120-piece-case/?OrderItemId=7354072)
Item No: 127894
$56.00

1 $56.0 Remov

1,200

(http://www.candywarehouse.com/themes/christmas-candy/products/christmas-taffy-candy-assortment-3lb-bag/?OrderItemId=7354117)

Christmas Taffy Candy Assortment: 3LB Bag (http://www.candywarehouse.com/themes/christmas-candy/products/christmas-taffy-candy-assortment-3lb-bag/?OrderItemId=7354117)
Item No: 130672
$15.00

6 $90.0 Remov

360

(http://www.candywarehouse.com/themes/christmas-candy/products/charms-christmas-blow-pop-minis-snack-size-packs-30-piece-bag/?OrderItemId=7354155)

Charms Christmas Blow Pop Minis Snack Size Packs: 30-Piece Bag (http://www.candywarehouse.com/themes/christmas-candy/products/charms-christmas-blow-pop-minis-snack-size-packs-30-piece-bag/?OrderItemId=7354155)
Item No: 132345
$4.50

12 $54.0 Remov

2,000

(http://www.candywarehouse.com/themes/christmas-candy/christmas-candy-bulk/products/bobs-sweet-stripes-soft-peppermints-290-piece-tub/?OrderItemId=7354183)

Bob's Sweet Stripes Soft Peppermints: 290-Piece Tub (http://www.candywarehouse.com/themes/christmas-candy/christmas-candy-bulk/products/bobs-sweet-stripes-soft-peppermints-290-piece-tub/?OrderItemId=7354183)
Item No: 127526
$14.50

7 $101.5 Remov

500

(http://www.candywarehouse.com/themes/christmas-candy/products/life-savers-hard-candy-holiday-mix-50-piece-bag/?OrderItemId=7354363)

Life Savers Hard Candy Singles - Holiday Mix: 50-Piece Bag (http://www.candywarehouse.com/themes/christmas-candy/products/life-savers-hard-candy-holiday-mix-50-piece-bag/?OrderItemId=7354363)
Item No: 129521
$5.00

10 $50.0 Remov

600

(http://www.candywarehouse.com/themes/christmas-candy/products/christmas-tootsie-rolls-50-piece-bag/?OrderItemId=7354365)

Christmas Tootsie Rolls: 50-Piece Bag (http://www.candywarehouse.com/themes/christmas-candy/products/christmas-tootsie-rolls-50-piece-bag/?OrderItemId=7354365)
Item No: 125493
$4.00

12

$48.0
Remov

180

(http://www.candywarehouse.com/themes/christmas-candy/christmas-candy-bulk/products/christmas-sixlets-candy-packets-15-piece-bag/?OrderItemId=7356811)

Christmas Sixlets Candy Packets: 15-Piece Bag (http://www.candywarehouse.com/themes/christmas-candy/christmas-candy-bulk/products/christmas-sixlets-candy-packets-15-piece-bag/?OrderItemId=7356811)
Item No: 132502
$3.00

12

$36.0
Remov

Gift Options

Is this Order a Gift? Check here if you'd rather not show prices on the packing slip.☐

Gift Message (optional):

5,940

255 characters left

Update Quantities

Promo Code

Submit

view current promos

Merchandise Sub Total	$435.50
enter zip & state Est. Shipping	

Order by 3 PM ET / Noon PT to get your order processed today!

Est. Total	$435.50

Continue to Checkout

Halloween 2015 Shipping Schedule

+ Read More

Our Picks For You!

(/products/hersheys-kisses-dark-chocolate-mint-truffles-candy-10-ounce-bag/?

(/products/christmas-hersheys-miniatures-assortment-55-piece-bag/?

(/products/christmas-hersheys-kisses-milk-chocolate-candy-200-piece-

(/products/christmas-toots candy-mix-15-ounce-bag/? green=7FA9B581-3A00-514 9C9E-BC19BA46466F)

Town of Loxahatchee Groves
14579 Southern Boulevard, Suite 2 • Loxahatchee Groves, Florida 33470 • (561) 793-2418 Phone • (561) 793-2420 Fax • loxahatchecgrovesfl.gov

CHECK REQUEST

The requestor hereby certifies that his request is supported by a
Sufficient unencumbered balance of duly appropriated funds

Invoice # 2015-11LGWCD
Vendor #

Request Date: November 13, 2015

Vendor Name: Florida Department of Environmental Protection

Vendor Address: 2600 Blair Stone Road, Tallahassee, FL 32399-2400

Request by:

Department*: Capital Improvement Fund

Account: 305-541-620-000

Description: Permit Fee - NPSED Generic Permit for Stormwater Discharge from Large and Small Construction Activities

B Road OGEM Pavement Resurfacing

Issuance of this payment is authorized for the purpose noted

Amount: $400.00

Check #: _____ Check Date: _____

Approved by: W. I. Underwood

This check request if for all expenditures not accompanied with a properly authorized requisition, purchase order or invoice. Documents supporting this expense must be attached prior to submitting for payment. No Request will be processed without appropriate Department Signature and Supporting Documents.

* Repairs, Capital Expenditure, and extra-ordinary expenses must be approved by Department Commissioner prior to submitting for payment

NOTICE OF INTENT
TO USE
NPDES GENERIC PERMIT FOR STORMWATER DISCHARGE FROM LARGE AND SMALL CONSTRUCTION ACTIVITIES
(RULE 62-621.300(4), F.A.C.)

You must submit this completed Notice of Intent (NOI) form to the Department to get coverage under the Generic Permit for Stormwater Discharge from Large and Small Construction Activities provided in subsection 62-621.300(4), F.A.C. The Generic Permit document [DEP Document 62-621.300(4)(a)] tells you what construction activity qualifies for coverage, how you obtain and terminate coverage, what you must do to minimize pollution from your construction site, and what conditions apply to your project to use the generic permit. **You must submit the appropriate generic permit fee, as specified in paragraph 62-4.050(4)(d), F.A.C., with this NOI Form to obtain permit coverage.** You must read and understand the requirements of the generic permit document and the attached instructions before completing this NOI form. **Please print or type information in the appropriate areas below.**

For construction activities also requiring an Individual Environmental Resource Permit (ERP), under Chapter 62-330, F.A.C.:
If your construction activities are already authorized by a valid Individual ERP issued by the Department, Water Management District or a Delegated Local Government, you may also elect to use this NOI form to provide the required notice of commencement of construction, in lieu of Form 62-330.350(1) ("Construction Commencement Notice").

Do you wish to also provide notice of commencement of construction activities authorized under an Individual ERP permit through the use of this form? ☐ Yes ☐ No

I. IDENTIFICATION NUMBER:

A. Facility ID (if renewing coverage): _____

B. ERP Permit Number* (if applicable): _____

C. ERP Permitting Agency (if applicable): SFWMD

*If the ERP permit authorizes phased construction, please also indicate which phase.

II. STORMWATER POLLUTION PREVENTION PLAN (SWPPP) DEVELOPED AND READY TO BE IMPLEMENTED: ☑ Yes ☐ No

*If No, you may not submit your NOI at this time.

III. APPLICANT INFORMATION:

A. Operator Name: Town of Loxahatchee Groves * ERP Permittee Name (if different than "Operator"), if applicable:		B. Operator Status: M
C. Address: 155 F Road		
D. City: Loxahatchee Groves	E. State: FL	F. Zip Code: 33470
G. Responsible Authority: William F. Underwood		

DEP Form 62-621.300(4)(b)
Effective Date: 02/2015

H. Responsible Authority's Phone No.: (561) 689-8600	
I. Responsible Authority's Fax No.: (561) 793-2420	
J. Responsible Authority's E-mail Address: wunderwood@loxahatcheegrovesfl.gov	

IV. PROJECT/SITE LOCATION INFORMATION:

A. Project Name: B Road OGEM Pavement Resurfacing		
B. Project Address/Location: B. Rd. from apprx. 800' S. of Collecting Canal Rd. to Okeechobee Blvd.; Collecting canal Rd. 60' east & 60' west of B Rd.		
C. City: Loxahatachee Groves	D. State: FL	E. Zip Code: 33470
F. County: Palm Beach	G. Latitude: ° ' "	Longitude: ° ' "
H. Is the site located on Indian Country Lands? ☐ Yes ☑ No	I. Water Management District: SFWMD	
J. Project Contact: Randy Wertepny, P.E.		
K. Project Contact's Phone No.: (561) 689-8600		
L. Project Contact's Fax No.: N/A		
M. Project Contact's E-mail Address: randy@keshavarz.com		
N. Additional E-mail correspondence, optional: joan@keshavarz.com		

V. PROJECT/SITE ACTIVITY INFORMATION:

A. Indicate whether the project is Large or Small Construction (check only one):	☑ Large Construction (Project will disturb 5 or more acres of land, Fee $400) ☐ Small Construction (Project will disturb between 1 and 4.99 acres of land, Fee $250)	
B. Approximate total area of land disturbance from commencement through completion of construction: 5.7 acres		
C. SWPPP Location: ☑ Address in Part III above	☐ Address in Part IV above	☐ Other address (specify below)
D. SWPPP Address: 155 F. Road		
E. City: Loxahatchee Groves	F. State: FL	G. Zip Code: 33470
H. Construction Period: Start Date:	Completion Date:	

VI. DEWATERING INFORMATION:

A. Will dewatering operations be performed as part of the construction activities? ☑ No ☐ Yes If yes, complete below. If no, skip this part and go to Part VII.
B. Is the project site currently identified as contaminated, or is there a site within 500 feet of the dewatering project identified as contaminated by a DEP or EPA cleanup/restoration program? You may use the Quick Link to DEP's Contamination Locator Map (CLM) and DEP's Institutional Controls Registry (ICR) Web Viewer to determine cleanup restoration status. You may access the CLM at: http://webapps.dep.state.fl.us/DepClnup/welcome.do or

http://ca.dep.state.fl.us/mapdirect/?focus=contamlocator. The ICR may be accessed at: http://www.dep.state.fl.us/waste/categories/brownfields/pages/ICR.htm, or http://ca.dep.state.fl.us/mapdirect/?focus=icr

☐ YES Continue to VI.C, below.
☐ NO Continue to Part VII.

C. Has the site been remediated?

☐ YES Continue to Part VII.
☐ NO Continue to VI.D, below.

D. Are the pollutants of concern (i.e. contamination) present in ground water at the dewatering project site at concentrations equal to or exceeding the surface water criteria in Rule 62-302.530?

☐ YES Dewatering activities do not qualify for coverage under this generic permit. However, the site may qualify for coverage under Rule 62-621.300(1), F.A.C., or under an individual wastewater permit on the appropriate form listed in Rule 62-620.910, F.A.C.

☐ NO Continue to Part VII.

VII. DISCHARGE INFORMATION:

A. MS4 Operator Name (if applicable):
B. Receiving Water Name: Collecting Canal

VIII.CERTIFICATION[1]:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

If providing notice of commencement of construction as required by an Individual Environmental Resource Permit, I also certify that I am authorized by the Permittee (identified in Part III.A., above), to commence construction activities authorized by the ERP Permit (identified in Part I.B., above).

Responsible Authority Name and Official Title (Type or Print):
William F. Underwood, Town Manager

Wm F. Underwood III
Responsible Authority Signature:

11/12/2015
Date Signed:

[1] Signatory requirements are contained in Rule 62-620.305, F.A.C.

INSTRUCTIONS – DEP FORM 62-621.300(4)(b)
NOTICE OF INTENT (NOI) TO USE GENERIC PERMIT FOR STORMWATER DISCHARGE FROM LARGE AND SMALL CONSTRUCTION ACTIVITIES

Who Must File an NOI:

You must file the NOI and obtain coverage under the Construction Generic Permit if you discharge stormwater associated with large or small construction activities to surface waters of the State, including through a Municipal Separate Storm Sewer System (MS4), http://www.dep.state.fl.us/water/stormwater/npdes/docs/all_ms4_by_county.pdf.

Where to File NOI:

The Department encourages the electronic submission of NOIs using the Department's Interactive Notice of Intent (iNOI) available at http://www.fldepportal.com/go/. NOIs also may be submitted by paper copy to the following address:

NPDES Stormwater Notices Center, MS #3585
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Permit Fee:

Permit fees for large and small construction activities to be covered under the generic permit are specified in paragraph 62-4.050(4)(d), F.A.C. and available on our http://www.dep.state.fl.us/water/stormwater/npdes/fees.htm. You must submit the appropriate generic permit fee (either for large 5+ acres $400 or small 1- 4.99 acres $250 construction activities) with the completed NOI to obtain coverage under the generic permit. **Generic permit coverage will not be granted without payment of the appropriate permit fee.**

If the NOI is submitted electronically, the permit fee must be paid on-line by credit card or check. If the NOI is submitted using a paper copy, the permit fee must be paid by either check or money order made payable to: "Florida Department of Environmental Protection".

Part I – Identification Number:

If you are renewing coverage, please enter the project's DEP identification number (generic permit coverage number) if known. If this is a new project without an ID number then leave this item blank. If you know your ERP Permit Number or ERP Permitting Agency (if applicable) please identify it here, if not then leave these items blank.

Part II – Stormwater Pollution Prevention Plan (SWPPP) Completed:

Check the box to indicate whether you have completed your Stormwater Pollution Prevention Plan. You must complete your SWPPP and be ready to implement it before submitting your NOI.

Part III – Applicant Information:

Item A.: Provide the legal name of the person, firm, contractor, public organization or other legal entity that owns or operates the construction activity described in this NOI. The operator is the legal entity that has authority to control those activities at the project necessary to ensure compliance with the terms and conditions of the generic permit.

Item B.: Enter the appropriate one letter code from the list below to indicate the legal status of the operator:

F = Federal; S = State; P = Private; M = Public (other than federal or state); O = Other

Items C. – F.: Provide the complete mailing address of the operator, including city, state and zip code.

Items G. – J.: Provide the name, telephone and fax number (including area code) and E-mail address of the person authorized to submit this NOI on behalf of the operator (e.g., Jane Smith, President of Smith Construction Company on behalf of the operator, Smith Construction Company; John Doe, Public Works Director on behalf of the operator, City of Townsville; etc.). This should be the same person as indicated in the certification in Part VI.

Part IV – Project/Site Location Information:

Items A. – E.: Enter the official or legal name and complete street address, including city, state and zip code of the project. Do not provide a P.O. Box number as the street address. If it lacks a street address, describe the project site location (e.g., intersection of State Road 1 and Smith Street).

Item F.: Enter the county in which the project is located.

Item G.: Enter the latitude and longitude, **in degrees-minutes-seconds format,** of the approximate center of the project.

Item H.: Indicate whether the project is located on Indian Country Lands. If the project is located on Indian Lands you may not use this generic permit. Instead, you must apply to the http://cfpub.epa.gov/npdes/stormwater/const.cfm (EPA) for coverage.

Item I.: Enter the appropriate five or six letter code from the list below to indicate the http://www.dep.state.fl.us/secretary/watman/default.htm in which your project is located:

NWFWMD = Northwest Florida Water Management District
SRWMD = Suwannee River Water Management District
SFWMD = South Florida Water Management District
SWFWMD = Southwest Florida Water Management District
SJRWMD = St. John's River Water Management District

Items J. – M.: Enter the name, telephone and fax number (including area code) and E-mail address of the project contact person. The project contact is the person who is thoroughly familiar with the project, the facts reported in this NOI and who can be contacted by the Department if necessary.

Item N.: Enter additional E-mail correspondence as needed to receive permit related documentation. (Optional)

Part V – Project/Site Activity Information:

Item A.: Check the appropriate box to indicate whether the project involves large construction activity or small construction activity. **Check one box only.**

"Large Construction Activity" means construction activity resulting in the disturbance of five (5) or more acres of total land area. Large construction activity also includes the disturbance of less than five acres of total land area that is part of a larger common plan of development or sale such as a subdivision that will ultimately disturb five acres or more.

"Small Construction Activity" means construction activity resulting in the disturbance of equal to or greater than one (1) acre and less than five (5) acres of total land area. Small construction activity also includes the disturbance of less than one acre of total land area that is part of a larger common plan of development or sale that will ultimately disturb equal to or greater than one acre and less than five acres.

Item B.: Provide the approximate total area of land disturbance, in acres, that the project will involve from commencement of construction through completion.

Items C. - G.: Indicate the location where the Stormwater Pollution Prevention Plan (SWPPP) can be viewed. Provide the address where the SWPPP can be viewed if other than as provided in Parts II or III of the NOI. **Note that to be eligible for coverage under the generic permit, the SWPPP must have been prepared prior to filing this NOI.**

Item H.: Enter the estimated construction start and completion dates in the MM/DD/YY format.

Part VI – Dewatering Information:
If your site has "noncontaminated ground water", the CGP also authorizes discharges from ground water dewatering activities. A site will be presumed to have uncontaminated if it is not contaminated and there are no known contamination sites within 500 feet of the site. You may use the Department's http://webapps.dep.state.fl.us/DepClnup/welcome.do or the Institutional Controls Registry (ICR) Web Viewer http://www.dep.state.fl.us/waste/categories/brownfields/pages/ICR.htm, to determine the location of contaminate sites. The CGP does not authorize the discharge of contaminated ground water.

Part VII – Discharge Information:

To be covered under a CGP, you must provide the following information about where the discharge from your project will go. NOIs submitted without discharge information cannot be processed.

Item A.: If stormwater from your project discharges to a MS4 enter the name of the MS4 (e.g., City of Tallahassee MS4, Orange County MS4, FDOT District 5 MS4, etc.). If stormwater from your project does not discharge to an MS4 but to surface waters of the State, leave this item blank or indicate "N/A" and skip to Item B. of this part. **Please note that if your project discharges stormwater to an MS4, you must provide the MS4 operator with a copy of the completed NOI.** http://www.dep.state.fl.us/water/stormwater/npdes/docs/all_ms4_by_county.pdf

Item B.: If your project discharges stormwater to surface waters of the State, and not to an MS4, enter the name of the receiving water body to which the stormwater is discharged. Please provide the first named water body to which the stormwater from the project is discharged (e.g., Cypress Creek, Tampa Bay, unnamed ditch to St. Johns River, Tate's Hell Swamp, etc.).

In certain cases, stormwater from the project will discharge to both an MS4 and surface waters of the State. In this case, complete both Item A. and Item B.

Part VIII – Certification:

Type or print the name and official title of the Responsible Authority signing the certification. Please note that this must be the same person indicated in Item II.G. as the Responsible Authority. Sign and date the certification.

Section 403.161, F.S., provides severe penalties for submitting false information on this application (NOI) or any reports or records required by a permit. There are both civil and criminal penalties, in addition to the revocation of permit coverage for submitting false information.

Rule 62-620.305, F.A.C., requires that the NOI and any reports required by the permit be signed as follows:

A. For a corporation, by a responsible corporate officer as described in Rule 62-620.305, F.A.C.;
B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
C. For a municipality, state, federal or other public facility, by a principal executive officer or elected official.

Town of Loxahatchee Groves
14579 Southern Boulevard, Suite 2 • Loxahatchee Groves . Florida 33470 • (561) 793-2418 Phone • (561) 793-2420 Fax • loxahatchecgrovcsfl.gov

CHECK REQUEST

The requestor hereby certifies that his request is supported by a
Sufficient unencumbered balance of duly appropriated funds

Invoice #	2015-11LGWCD
Vendor #	

Request Date: November 13, 2015

Vendor Name: Loxahatchee Groves Water Control District

Vendor Address:

Request by:

Department*: Transportation Fund

Account: 101-541-468-000

Description: Town Road Grading - September 2015

Issuance of this payment is authorized for the purpose noted

Amount: $2,940.19

Check #: 6692 Check Date: 11/18/15

Approved by: W. F. Underwood II

This check request if for all expenditures not accompanied with a properly authorized requisition, purchase order or invoice. Documents supporting this expense must be attached prior to submitting for payment. No Request will be processed without appropriate Department Signature and Supporting Documents.

* Repairs, Capital Expenditure, and extra-ordinary expenses must be approved by Department Commissioner prior to submitting for payment

LOXAHATCHEE GROVES
WATER CONTROL DISTRICT

RECEIVED
OCT 30 2015
BY: BK

October 26, 2015

Perla D. Underwood
Town of Loxahatchee Groves
155 "F" Road
Loxahatchee, Florida 33470

RE: INVOICE TO TOWN FOR ROAD GRADING OF TOWN ROADS SEPTEMBER, 2015

Dear Perla:

Pursuant to the "Agreement for the Road Grading and Supply of Base Rock for Town Roads Within the Town of Loxahatchee Groves" dated August 1, 2013 between the Town and District, enclosed is the District's invoice and back-up documentation for the Town to reimburse the District for road grading of Town roads conducted by the District during the month of September, 2015.

Please let me know if you have any questions.

Thank you.

Sincerely,
LOXAHATCHEE GROVES WATER CONTROL DISTRICT

Stephen E. Yohe, P.E.
District Administrator

2015 FYear - 11/13/2015

SEY/lrb
Enclosures

101 - 541 - 468 - 000 - $2940.19

POST OFFICE BOX 407 • 101 WEST D ROAD • LOXAHATCHEE, FLORIDA 33470-0407
PHONE (561) 793-0884 • FAX (561) 795-6157

TOWN ROAD GRADING RECORD
SEPTEMBER, 2015

ZONE 1	DATE GRADED
April Drive (off "C" Road)	09-24-15
Ferris Lane (off "B" Road)	NG
Flamingo Drive (off "C" Road)	09-22-15
Fortner Drive (off "B" Road)	NG
Global Trail (off North Road)	NG
Ian Trail (off North Road)	09-24-15
Morrow Court (off "B" Road)	09-24-15
Paradise Trail (off "C" Road)	09-22-15
Steffan Lane (off "C" Road)	NG
22nd Road North (off "C" Road)	09-22-15
24th Circle North (off "C" Road)	09-24-15
25th Place North (off "C" Road)	09-24-15
34th Place North (off "D" Road)	NG
41st Court North	NG – Driveway
42nd Road North (off 160th Street North)	09-24-15
42nd Street North (off Global Trail)	09-24-15
43rd Road North (off Global Trail)	09-24-15
44th Street North (off 160th Street North)	09-24-15
148th Terrace North (off North Road)	09-29-15
160th Street North (off "A" Road)	09-24-15
161st Terrace North (off "A" Road)	09-04-15

NG = Not graded

TOWN ROAD GRADING RECORD
SEPTEMBER, 2015

ZONE 2	DATE GRADED
Biddix Road (off "E" Road)	09-29-15
Casey Road (off "F" Road)	09-24-15
Kazee Road (off "G" Road East)	09-24-15
March Circle (off "G" Road West)	09-21-15
Tripp Road (off "D" Road)	09-29-15
21st Road North	NG
22nd Court North (off "F" Road)	NG
22nd Court (off Folsom Road)	09-23-15
22nd Road North (off "E" Road)	09-29-15
22nd Road North (off "F" Road)	NG
23rd Court North (off "E" Road)	09-29-15
24th Court North (off "E" Road)	09-29-15
24th Court North (off "F" Road, east)	09-23-15
24th Court North (off "F" Road, west)	09-23-15
25th Place North (off "C" Road)	NG
34th Place North (off "D" Road)	09-29-15
43rd Road North (off 140th)	09-29-15
145th Avenue North (off North Road)	09-29-15
147th Avenue North (off North Road)	09-29-15
160th Street North (off "A" Road)	NG
161st Terrace North (off "A" Road)	09-11-15

NG = Not graded

TOWN ROAD GRADING RECORD
SEPTEMBER, 2015

ZONE 4	DATE GRADED
8th Place North	NG
11th Lane North (off "F" Road)	NG
11th Terrace (off "D" Road)	09-23-15
12th Place North (off "F" Road)	09-22-15
13th Place North (off "F" Road)	NG
14th Place North (off "F" Road)	09-22-15
131st Terrace North (off Collecting Canal Road)	NG
161st Terrace North	09-18-15

NG = Not graded

LOXAHATCHEE GROVES WATER CONTROL DISTRICT
TOWN ROAD MAINTENANCE LOG

SEPTEMBER 2015					
TOWN ROAD NAME	PLAT DESIGNATION	MILEAGE	GRADES	UNIT COST	EXTENDED
10TH PLACE NORTH	BLOCK B	0.081		110.00	0.00
11TH LANE NORTH	BLOCK F	0.351		110.00	0.00
11TH TERRACE	BLOCK C	0.244	1	110.00	26.84
12TH PLACE NORTH	BLOCK E	0.197	1	110.00	21.67
131ST TERRACE NORTH	BLOCK F	0.147		110.00	0.00
13TH PLACE NORTH	BLOCK F (FOLSOM)	0.282		110.00	0.00
13TH PLACE NORTH	BLOCK F (F ROAD)	0.166		110.00	0.00
140TH STREET NORTH	CUT - THUR / SUNSPORT	0.010		110.00	0.00
145TH AVENUE NORTH	T: 43S / R: 41E	0.457	1	110.00	50.27
147TH AVENUE NORTH	BLOCK C	0.126	1	110.00	13.86
147TH DRIVE NORTH	BLOCK C	0.115		110.00	0.00
148TH TERRACE N	T: 43S / R: 41E	0.339	1	110.00	37.29
149TH AVENUE NORTH	BLOCK I	0.126		110.00	0.00
14TH PLACE NORTH	BLOCK E	0.257	1	110.00	28.27
152ND WAY NORTH	BLOCK B	0.068		110.00	0.00
160TH STREET NORTH	T: 43S / R: 41E	0.394	2	110.00	86.68
161ST TERRACE NORTH	T: 43S / R: 40E	2.014	4	110.00	886.16
17TH ROAD NORTH	BLOCK B	0.076		110.00	0.00
21ST ROAD NORTH	BLOCK C	0.126		110.00	0.00
22ND COURT NORTH	BLOCK F	0.292		110.00	0.00
22ND COURT	BLOCK F (FOLSOM ROAD)	0.292	1	110.00	32.12
22ND ROAD NORTH	BLOCK C (C ROAD)	0.248	2	110.00	54.56
22ND ROAD NORTH	BLOCK E (E ROAD)	0.156	1	110.00	17.16
22ND ROAD NORTH	BLOCK F (F ROAD)	0.210		110.00	0.00

LOXAHATCHEE GROVES WATER CONTROL DISTRICT
TOWN ROAD MAINTENANCE LOG

SEPTEMBER 2015					
TOWN ROAD NAME	**PLAT DESIGNATION**	**MILEAGE**	**GRADES**	**UNIT COST**	**EXTENDED**
MARCH CIRCLE	BLOCK F	0.174	1	110.00	19.14
MORROW COURT	BLOCK B	0.180	1	110.00	19.80
ORANGE AVENUE	BLOCK K	0.075		110.00	0.00
PADDLE FOOT ROAD	BLOCK E	0.086		110.00	0.00
PARADISE TRAIL	BLOCK C	0.186	1	110.00	20.46
PERKINS DRIVE	BLOCK F	0.336		110.00	0.00
PINEAPPLE DRIVE	BLOCK I	0.434	1	110.00	47.74
QUAIL ROAD	BLOCK F	0.135		110.00	0.00
RACKLEY ROAD	BLOCK F	0.146	1	110.00	16.06
RAYMOND DRIVE	BLOCK F	0.337	1	110.00	37.07
ROBERTS WAY	BLOCK B	0.229	1	110.00	25.19
SALLY'S ALLEY	BLOCK B	0.244		110.00	0.00
SAN DIEGO DRIVE	BLOCK B	0.244	1	110.00	26.84
SCOTTS PLACE	BLOCK B	0.213	1	110.00	23.43
SHAMROCK DRIVE	BLOCK B	0.244		110.00	0.00
SIXTH COURT NORTH	BLOCK I (WEST D)	0.177		110.00	0.00
SIXTH COURT NORTH	BLOCK K (EAST D)	1.733		110.00	0.00
SNAIL TRAIL	BLOCK C	0.244	1	110.00	26.84
TANGERINE DRIVE	BLOCK K	0.510	1	110.00	56.10
TEMPLE DRIVE	BLOCK I	0.100	1	110.00	11.00
TIMBERLANE PLACE	BLOCK B	0.219	1	110.00	24.09
TRIPP ROAD	BLOCK D	0.242	1	110.00	26.62
VALENCIA DRIVE	BLOCK K	0.136	1	110.00	14.96
WEST "B" ROAD	BLOCK A	0.340		110.00	0.00
WEST "C" ROAD	BLOCK B	0.623	1	110.00	68.53
WEST "D" ROAD	BLOCK I (SOUTH C.C.)	0.314	1	110.00	34.54
WEST 'D' ROAD	BLOCK C (NORTH C.C.)	0.388	1	110.00	42.68
WEST 'F' ROAD	BLOCK E	0.198		110.00	0.00
WILLIAMS DRIVE	BLOCK B	0.193	1	110.00	21.23
				TOTAL MONTHLY COST =	**2,940.19**
				MONTHLY MILEAGE =	**26.729**

Town of Loxahatchee Groves
14579 Southern Boulevard, Suite 2 • Loxahatchee Groves . Florida 33470 • (561) 793-2418 Phone • (561) 793-2420 Fax • loxahatchecgrovesfl.gov

CHECK REQUEST

The requestor hereby certifies that his request is supported by a
Sufficient unencumbered balance of duly appropriated funds

Invoice #	2015-11LGWCD Trails
Vendor #	

Request Date: November 13, 2015

Vendor Name: Loxahatchee Groves Water Control District

Vendor Address:

Request by:

Department*: Capital Improvement District

Account: 305-541-654-000

Description: Reimbursement

South A Canal Maint. Berm (S. A Rd to S. B Rd)

Collecting Canal Maint. Berm (S. B Rd to Folsum Rd)

Issuance of this payment is authorized for the purpose noted

Amount: $27,006.72

Check #: 6692 Check Date: 11/18/15

Approved by: Wm F. Underwood III

This check request if for all expenditures not accompanied with a properly authorized requisition, purchase order or invoice. Documents supporting this expense must be attached prior to submitting for payment. No Request will be processed without appropriate Department Signature and Supporting Documents.

* Repairs, Capital Expenditure, and extra-ordinary expenses must be approved by Department Commissioner prior to submitting for payment

LOXAHATCHEE GROVES
WATER CONTROL DISTRICT

RECEIVED
OCT 07 2015
BY: BK

HAND DELIVERED

October 7, 2015

William F. Underwood
Town Manager
Town of Loxahatchee Groves
155 "F" Road
Loxahatchee, Florida 33470

RE: Town Public Recreational Trails in District Easements

Dear Bill:

The Maintenance Map Survey Work was completed and the Maintenance Maps recorded for the following:

1. South "A" Canal eastern maintenance berm south of Collecting Canal and Collecting Canal maintenance berm from South "A" Canal to South "B" Road.
2. Collecting Canal maintenance berm from South "B" Road to Folsom Road.

Pursuant to the District/Town Interlocal Agreement for Town Public Recreational Trails in District Easements Section 3.1.3 "Status Reports: Copies of Survey Instruments", enclosed is:

1. One (1) "D" size hard copy of each of the items 1 and 2 above.
2. One disc of each of the items 1 and 2 above.

Pursuant to the District/Town Interlocal Agreement for Town Public Recreational Trails in District Easements Section 3.1.4 "Reimbursement of District", enclosed is:

1. Invoice No: 48444 dated August 27, 2015 in the amount of $27,006.72 for services provided for items 1 and 2 above.

POST OFFICE BOX 407 • 101 WEST D ROAD • LOXAHATCHEE, FLORIDA 33470-0407
PHONE (561) 793-0884 • FAX (561) 795-6157

2. Copy of the District's check dated September 17, 2015 in the amount of $35,535.24 which includes the payment of the $27,006.72 for items 1 and 2 above.

Please let me know if you have any questions.

Sincerely,
LOXAHATCHEE GROVES WATER CONTROL DISTRICT

Stephen E. Yohe, P.E.
District Administrator

SEY/lrb
Enclosures

Invoice

Payment Address:
Erdman Anthony
Attn: Accounts Receivable
145 Culver Road, Suite 200
Rochester, NY 14620
[T] 585.427.8888 EIN 16-0511690

ERDMAN ANTHONY

August 27, 2015
Project No: 60196.G8
Invoice No: 48444

Stephen Yohe
Loxahatchee Groves Water Control District
PO Box 407
101 West 'D" Road
Loxahatchee, FL 33470-0407

538-3401

Equestrain Easement

Project 60196.G8 Loxahatchee Groves Maintenance Maps -GEO

Professional Services from May 24, 2015 to July 18, 2015

Fee

Billing Phase	Fee	Percent Complete	Earned	Current Fee Billing
Field Survey & Mapping	103,872.00	26.00	27,006.72	27,006.72
Recording	1,965.00	0.00	0.00	0.00
Total Fee	105,837.00		27,006.72	27,006.72
		Previous Fee Billing	0.00	
		Total Fee		**27,006.72**

Total this Invoice **$27,006.72**

Town to Reimburse District
OR [illegible]
9/4/15

[illegible]
11/13/2015

PAID
SEP 17 2015
20437

ERDMAN ANTHONY

October 26, 2015

Mr. Stephen Yohe, District Administrator
Loxahatchee Groves Water Control District
P.O. Box 407
101 West D Road
Loxahatchee, FL 33470-0407

SUBJECT: Maintenance Map Invoicing

Dear Mr. Yohe:

As we discussed by telephone, typical payment for engineering and surveying projects are heavily weighted to the project initiation phases due to the preparation required to produce the final product. The work required to produce the Maintenance Maps includes survey control research, extensive field survey, calculations, sheet set up and drafting standards management in addition to drafting the individual sheets. Therefore, significant effort is involved before the individual sheets are submitted for approval. This start up effort is reflected in Invoice No. 48444, dated August 27, 2015 which shows the effort required to initiate the project is not linear to the number of sheets produced or the length mapped.

Please feel free to call me if you have any questions or need additional information regarding this matter.

Sincerely,

James F. North, PE, PSM
Vice President

ERDMAN ANTHONY

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INVOICE

Town of Loxahatchee Groves

INVOICE: 2015-11
DATE: NOVEMBER 17, 2015

14579 Southern Boulevard, Suite 2
Loxahatchee Groves , FL 33470-9226
561.793.2418

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
		Due on receipt	

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	001-511-499-000		
	Town Council Compensation - December 2015		
11/17/2015	David Browning	$500.00	
	Ron Jarriel	$500.00	
	Ryan Liang	$500.00	
	Tom Goltzene	$500.00	
	Jim Rockett	$500.00	
	Please remit payment to Town Council Members		
		SUBTOTAL	$2,500.00

Underwood Management Services Group

840 NE Stokes Terrace
Jensen Beach, FL 34957
772.334.2288
umsg@att.net

INVOICE NO. 2015-11CS
DATE November 17, 2015
CUSTOMER ID LOX

TO

Town of Loxahatchee Groves
14579 Southern Boulevard
Suite 2
Loxahatchee Groves, FL 33470
561.793.2418

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
		Due upon receipt	

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	001-512-340-000		
	Town Management Services Executive Department		$ 22,920.44
	001-515-340-000		
	Contract Amendment Planning Department		$ 6,859.67
	2% CPI Adjustment FY2016 included		
		SUBTOTAL	$ 29,780.11
		SALES TAX	
		TOTAL	$ 29,780.11