



1005 W Fayette St, Syracuse NY 13204

Usherwood

SID: _____ SO#: _____

CLIENT INFORMATION

CLIENT LEGAL NAME:	CLIENT STREET ADDRESS:
Town of Eaton	35 Cedar Street

CITY: Morrisville STATE: NY ZIP: 13408 PHONE: 315-684-9111

BILL TO NAME: (if different from above) BILL TO STREET ADDRESS:

BILL TO CITY: BILL TO STATE: BILL TO ZIP: BILLING EMAIL:

DELIVERY DATE:	DELIVERY CONTACT NAME:	DELIVERY CONTACT EMAIL:	DELIVERY PHONE:
ASAP	Joe Wicks	townofeatonny@gmail.com	315-601-4057

EQUIPMENT INFORMATION

[illegible]

PO: _____ *Plus applicable taxes*
***Terms are due on receipt**

NOTES:

CONNECTIVITY

CONNECTIVITY REQUIREMENTS Remote

IT CONTACT NAME:
Paul Lutwack

IT CONTACT PHONE:
315-366-2887

IT CONTACT EMAIL:
paul.lutwack@madisoncounty.ny.gov

CONNECTIVITY NOTES:

SIGNATURE: _____ PRINT & TITLE: _____ DATE: _____