## MISCELLANEOUS BILLING REQUEST FORM

| DATE:                                | 6/21/2017                         |                      |                                       |                             |                      |              |                                       |
|--------------------------------------|-----------------------------------|----------------------|---------------------------------------|-----------------------------|----------------------|--------------|---------------------------------------|
|                                      |                                   |                      |                                       |                             |                      |              |                                       |
| CUSTOMER TO BE BILLED:               |                                   | City of Blaine       |                                       |                             |                      |              |                                       |
| ADDRESS:                             |                                   | ATTN: Dan Schulender |                                       |                             | <del></del>          |              |                                       |
|                                      |                                   | 10801 Towi           | n Square Drive                        |                             |                      |              |                                       |
|                                      |                                   | Blaine, MN           |                                       |                             |                      |              |                                       |
| DATE(S)                              | OF SERVICE:                       | Summer of            | 2017                                  |                             |                      |              |                                       |
|                                      |                                   |                      |                                       |                             |                      | UNIT         |                                       |
| DESCRIPTION OF ITEM(S) TO BE BILLED: |                                   |                      |                                       |                             | QUANTITY             | PRICE        | TOTAL                                 |
|                                      | nead facilities along 10          |                      | wy 65 east to Rad                     | isson Road                  | 1.00                 | 339,541.00   | 339,541.00                            |
|                                      |                                   |                      | ·                                     |                             |                      |              |                                       |
|                                      |                                   |                      | · · · · · · · · · · · · · · · · · · · |                             |                      |              |                                       |
|                                      |                                   |                      |                                       |                             | <del>-</del>         |              |                                       |
|                                      |                                   |                      |                                       |                             |                      |              | · · · · · · · · · · · · · · · · · · · |
|                                      | ·                                 |                      |                                       |                             |                      |              |                                       |
|                                      |                                   |                      |                                       |                             |                      |              | <del></del>                           |
|                                      |                                   |                      |                                       |                             |                      |              |                                       |
|                                      |                                   |                      |                                       |                             |                      |              |                                       |
|                                      |                                   |                      |                                       |                             |                      |              |                                       |
|                                      |                                   |                      |                                       |                             | GRAND TOTAL          |              | 339,541.00                            |
| ADDITION                             | IAL COMMENTS NEE                  | DED ON INVO          | ICE:                                  |                             |                      |              |                                       |
| Work Orde                            | er W1501043                       |                      |                                       |                             |                      |              |                                       |
|                                      |                                   |                      | ·                                     |                             |                      |              |                                       |
|                                      |                                   |                      |                                       |                             |                      |              |                                       |
| CIS INFINI                           | S INFINITY MEMBER/ACCOUNT NUMBER: |                      |                                       |                             | (For reference only) |              |                                       |
| COGSDAL                              | E SERVICE ORDER                   | NUMBER:              | W1501043                              |                             | (For reference only) |              |                                       |
| 05115041                             | LEDGED AGGGUNT                    |                      |                                       |                             |                      |              |                                       |
| GENERAL                              | LEDGER ACCOUNT                    | NUMBER:              |                                       |                             | -                    |              |                                       |
| INFORMA                              | TION FOR ACCOUNT                  | ING DEPART           | MENT:                                 |                             |                      |              |                                       |
|                                      |                                   |                      |                                       |                             |                      |              |                                       |
|                                      |                                   |                      |                                       |                             |                      |              |                                       |
|                                      |                                   |                      |                                       |                             |                      |              |                                       |
|                                      |                                   |                      |                                       |                             |                      |              |                                       |
| Attach add                           | itional documentation,            | if needed. and       | note whether con                      | ies should be sent wit      | h the invoice.       |              |                                       |
|                                      |                                   |                      |                                       | and the second was seen the |                      |              |                                       |
| REQUEST                              | OR: Tom Kel                       | ler                  |                                       |                             | PHONE:               | 763-323-2762 |                                       |