

# Application and Certificate for Payment

**TO OWNER:** STFPD #1  
522 Robert Blvd  
Slidell, LA 70458

**PROJECT:**  
STFD New Training Facility  
34780 S. Range Road  
Slidell, LA 70460

**APPLICATION NO:** 1  
**PERIOD TO:** 7/31/25  
**CONTRACT FOR:** St. Tammany Fire Protection Dis  
**CONTRACT DATE:**  
**PROJECT NOS:** 2507

**Distribution to:**  
OWNER   
ARCHITECT   
CONTRACTOR   
FIELD   
OTHER

**FROM CONTRACTOR:**  
M Natal Contractor, Inc.  
P.O. Box 518  
Slidell, LA 70459

**VIA ARCHITECT:**

## CONTRACTOR'S APPLICATION FOR PAYMENT

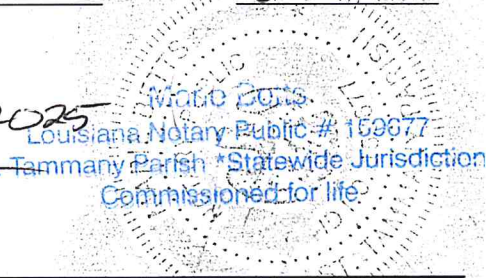
Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

<b>1. ORIGINAL CONTRACT SUM</b> .....	\$	458,520.00
<b>2. Net change by Change Orders</b> .....	\$	0.00
<b>3. CONTRACT SUM TO DATE</b> (Line 1 +/- 2) .....	\$	458,520.00
<b>4. TOTAL COMPLETED &amp; STORED TO DATE</b> (Column G on G703) .....	\$	83,785.88
<b>5. RETAINAGE:</b>		
<b>a. 10.0 % of Completed Work</b> (Column D + E) on G703	\$	8,378.59
<b>b. 10.0 % of Stored Material</b> (Column F on G703)	\$	0.00
Total Retainage (Lines 5a + 5b or Total in Column I of G703)	\$	8,378.59
<b>6. TOTAL EARNED LESS RETAINAGE</b> .....	\$	75,407.29
(Line 4 less Line 5 Total)		
<b>7. LESS PREVIOUS CERTIFICATES FOR PAYMENT</b> .....	\$	0.00
(Line 6 from prior Certificate)		
<b>8. CURRENT PAYMENT DUE</b> .....	\$	75,407.29
<b>9. BALANCE TO FINISH, INCLUDING RETAINAGE</b> (Line 3 less Line 6)	\$	383,112.71

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$ 0.00	\$ 0.00
Total approved this Month	\$ 0.00	\$ 0.00
<b>TOTALS</b>	\$ 0.00	\$ 0.00
<b>NET CHANGES by Change Order</b>	\$	0.00

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

**CONTRACTOR:** M Natal  
By: M Natal Date: 8-12-25  
State of: Louisiana  
County of: St. Tammany Parish  
Subscribed and sworn to before me this 12 day of August 2025  
Notary Public: Alvin B...  
My Commission expires: At Death



## ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

**AMOUNT CERTIFIED** ..... \$ 75,407.29  
(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

**ARCHITECT:** [Signature] Date: 8-12-25

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

AIA Continuation G703

JobId: 830  
STFD New Training Facility

Application no.: 1  
Application date: 7/31/25  
Period to: 7/31/25  
Architect's project no.: 2507

A Item No.	B Description of Work	C Scheduled Value	D WORK COMPLETED		F Materials Presently Stored (not in D)	G Total Compl. and Stored To Date (D+F)	H % Compl. (Prev.)	I Balance To Finish (Prev.)	J Retainage (Prev.)
			From Prev. Application	Amount This Period					
1	Bond, Permit, Insurance, etc	15,194.28	0.00	15,194.28	0.00	15,194.28	100	0.00	1,519.43
2	Temporary Facilities and Controls	11,108.99	0.00	2,500.00	0.00	2,500.00	23	8,608.99	250.00
3	Anchor Bolts	1,159.60	0.00	1,159.60	0.00	1,159.60	100	0.00	115.96
4	Place and Finish Foundations -	30,948.65	0.00	7,782.00	0.00	7,782.00	25	23,166.65	778.20
5	Thermal Insulation	0.00	0.00	0.00	0.00	0.00	0	0.00	0.00
6	Doors, Frames and Hardware	23,821.20	0.00	0.00	0.00	0.00	0	23,821.20	0.00
7	Overhead Coiling Doors	8,565.99	0.00	0.00	0.00	0.00	0	8,565.99	0.00
8	Windows & Glazing	7,220.85	0.00	0.00	0.00	0.00	0	7,220.85	0.00
9	Metal Framing	20,174.77	0.00	0.00	0.00	0.00	0	20,174.77	0.00
10	Drywall	0.00	0.00	0.00	0.00	0.00	0	0.00	0.00
11	Accoustical Ceilings	19,033.73	0.00	0.00	0.00	0.00	0	19,033.73	0.00
12	Flooring	16,471.29	0.00	0.00	0.00	0.00	0	16,471.29	0.00
13	Painting & Coating, Accoustical, Framing	14,944.96	0.00	0.00	0.00	0.00	0	14,944.96	0.00
14	Toilet/Bath/Laundry Accessories	813.44	0.00	0.00	0.00	0.00	0	813.44	0.00
15	Fire Protection Specialties	699.21	0.00	0.00	633.00	633.00	91	66.21	63.30
16	Countertops & Cabinets	13,335.44	0.00	0.00	0.00	0.00	0	13,335.44	0.00
17	Metal Building Systems	92,884.21	0.00	0.00	0.00	0.00	0	92,884.21	0.00
18	Plumbing	39,380.12	0.00	11,717.00	0.00	11,717.00	30	27,663.12	1,171.70
19	HVAC	61,505.52	0.00	0.00	33,350.00	33,350.00	54	28,155.52	3,335.00
20	Electrical	52,182.14	0.00	0.00	0.00	0.00	0	52,182.14	0.00
<b>Page Totals</b>		<b>429,444.39</b>	<b>0.00</b>	<b>38,352.88</b>	<b>33,983.00</b>	<b>72,335.88</b>	<b>17</b>	<b>357,108.51</b>	<b>7,233.59</b>

AIA Continuation G703

**JobId:** 830  
STFD New Training Facility

**Application no.:** 1  
**Application date:** 7/31/25  
**Period to:** 7/31/25  
**Architect's project no.:** 2507

A Item No.	B Description of Work	C Scheduled Value	D E WORK COMPLETED		F Materials Presently Stored (not in D)	G		H Balance To Finish (Prev.)	I Retainage (Prev.)
			From Prev. Application	Amount This Period		Total Compl. and Stored To Date (D+F)	% Compl. (Prev.)		
21	Excavation & Fill	18,731.07	0.00	11,450.00	0.00	11,450.00	61	7,281.07	1,145.00
22	Soil Treatment	113.07	0.00	0.00	0.00	0.00	0	113.07	0.00
23	Concrete Paving	10,231.47	0.00	0.00	0.00	0.00	0	10,231.47	0.00
		458,520.00	0.00	49,802.88	33,983.00	83,785.88	18	374,734.12	8,378.59

**WERCO BUILDING SPECIALTIES, INC.**  
P.O. BOX 15763  
Baton Rouge, LA 70895  
USA

# INVOICE

**Invoice Number:** 70176  
**Invoice Date:** Jul 2, 2025

**Voice:** (225) 927-8376  
**Fax:** (225) 927-8378

**Bill To:**  
M NATAL CONTRACTOR, INC.  
P.O. BOX 518  
SLIDELL, LA 70459

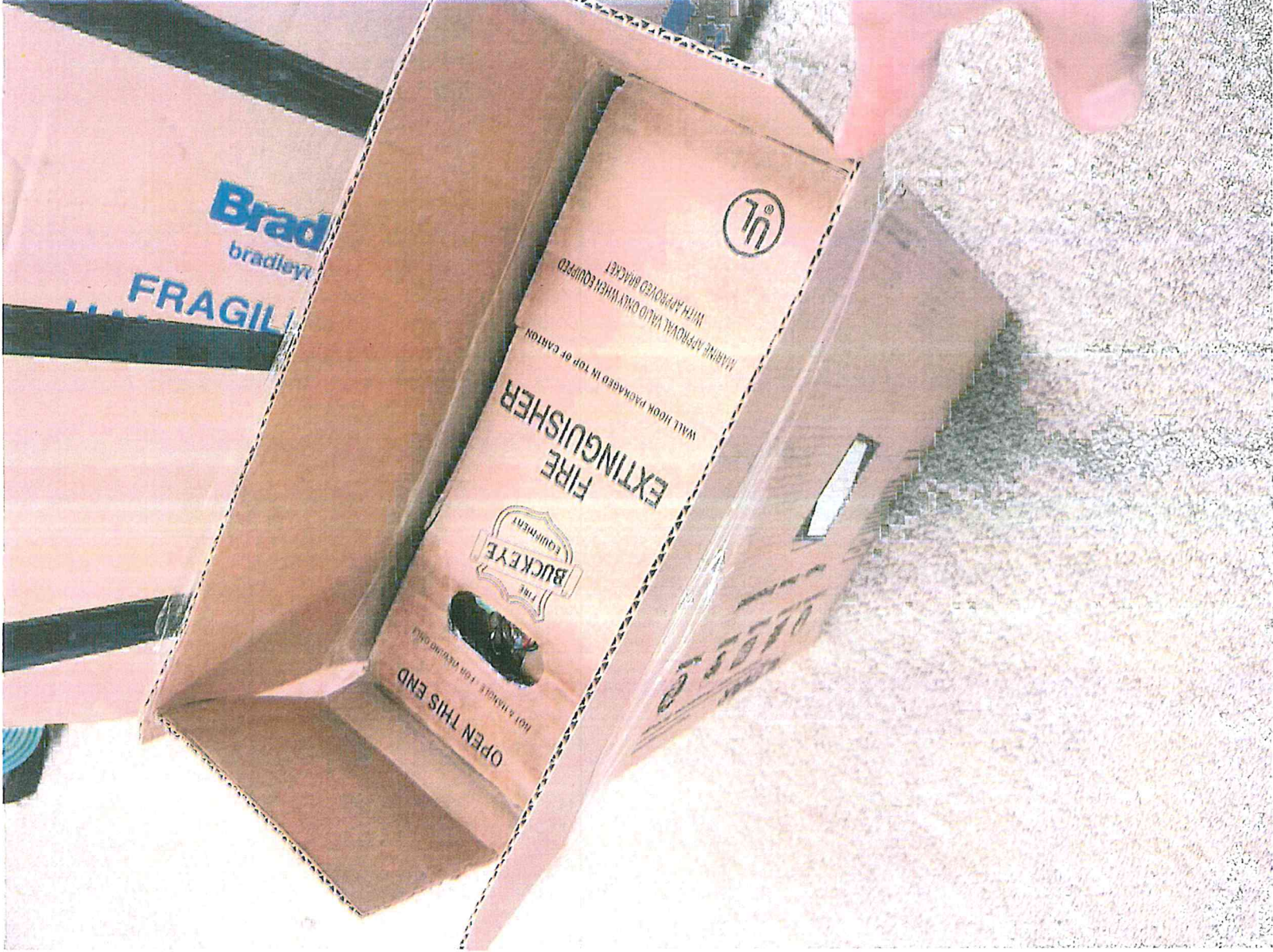
**Ship to:**  
#23582-SHANNON  
STFD NEW TRAINING FACILITY  
394 VOTERS RD.  
SLIDELL, LA 70460

<b>Customer ID</b>	<b>Customer PO</b>	<b>Payment Terms</b>
NAT	830 STFD NEW TRAININ	Net 30 Days
<b>Sales Rep ID</b>	<b>Shipping Method</b>	<b>Ship Date</b>
Shannon	Best Way	7/1/25
<b>Quantity</b>	<b>Description</b>	<b>Unit Price</b>
	FIRE EXTINGUISHERS	550.00

<b>Quantity</b>	<b>Description</b>	<b>Unit Price</b>	<b>Amount</b>
	FIRE EXTINGUISHERS		550.00

<b>Check/Credit Memo No:</b>	<b>Subtotal</b>	550.00
	<b>Sales Tax</b>	
	<b>Freight</b>	
	<b>Total Invoice Amount</b>	550.00
	<b>Payment/Credit Applied</b>	
	<b>TOTAL</b>	<b>550.00</b>





Brad  
bradley  
FRAGILE



MAKING APPROVAL VALID ONLY WHEN EQUIPPED WITH APPROVED BRACKET  
WALL HOOK PACKAGED IN TOP OF CARTON

FIRE EXTINGUISHER



OPEN THIS END  
NOT HANDLE FOR REPAIRS



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/31/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Eagan Insurance Agency P. O. Box 8590 Metairie LA 70011	CONTACT NAME: Devin Arocha PHONE (A/C. No. Ext): 504-836-9600 E-MAIL ADDRESS: darocha@higginbotham.net	FAX (A/C. No.): 504-836-9621
INSURED M Natal Contractor, Inc. P. O. Box 518 Slidell LA 70459	INSURER(S) AFFORDING COVERAGE INSURER A : Valley Forge Insurance Company INSURER B : The Continental Insurance Company INSURER C : HomeBuilders SIF INSURER D : INSURER E : INSURER F :	NAIC # 20508 35289


**COVERAGES**      **CERTIFICATE NUMBER:** 160979747

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER (INSURER)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		6057533267	5/6/2025	5/6/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrences) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		6057533267	5/6/2025	5/6/2026	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000		6057533284	5/6/2025	5/6/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below		20595	4/1/2025	4/1/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Blanket additional insured and blanket waiver of subrogation, if required by written contract in respects to General Liability and Auto Liability. Primary and Non-Contributory if required by written contract in respects to General Liability

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>PROOF OF INSURANCE</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 



# Lane's AC and Heating Services, LLC

6958 West Park Ave | Houma, LA 70364  
(985)879-3207 | acandheatingervices@yahoo.com |  
www.lanesacandheat.com

**985-879-3207**

**RECIPIENT:**

**St. Tammany Fire District #1**

522 Robert Boulevard  
Slidell, Louisiana 70458

**Invoice #9689143**

Issued Not sent yet

Due Upon receipt

**Total \$29,000.00**

Account Balance \$29,000.00

**Stored Materials**

Product/Service	Description	Qty.	Unit Price	Total
Trane	Equipment	1	\$18,000.00	\$18,000.00
Airside	Fire Dampers, Grills, Diffusers, Louvers, etc.	1	\$11,000.00	\$11,000.00

No additional charges will be applied without verbal approval from clients. Both the technician and the customer must have a comprehensive understanding of the scope of work to be performed. Please note that additional charges may apply to ensure a satisfactory completion of the job. The client will be informed prior to any additional work being undertaken.

**NO RETURN AND NO REFUND POLICY!**

Limited Warranty: All Materials, parts and equipment are warranted by the manufactures' or suppliers'. All labor performed by the company is

**Total \$29,000.00**

Account balance

**\$29,000.00**

*Approved to pay 7-30-06*  
*[Signature]*

**St. Tammany Fire District #1**

522 Robert Boulevard  
Slidell, Louisiana 70458

**Stored Materials**

Invoice #: 9689143

Due date: upon receipt

Amount due: \$29,000.00

Amount enclosed: \_\_\_\_\_

**Mail to:**

Lane's AC and Heating Services, LLC  
6958 West Park Ave  
Houma, LA 70364



## Lane's AC and Heating Services, LLC

6958 West Park Ave | Houma, LA 70364  
(985)879-3207 | [acandheatingservices@yahoo.com](mailto:acandheatingservices@yahoo.com) |  
[www.lanesacandheat.com](http://www.lanesacandheat.com)

### Notes Continued...

warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, in its agents or technicians are not authorized to make any such warranties on behalf of above named company.

I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is paid. If payment is not made as agreed, Seller can remove said equipment/material at Seller's expense. Any damage resulting from said removal shall not be responsibility of Seller.

If amounts owing under this Agreement are not paid within thirty (30) days, Customer agrees to pay a late charge on any outstanding balance at nine percent (9%) per month or twenty-four percent (24%) per annum on the unpaid amount calculated from the date payment was due. Customer will be deemed to have accepted Seller's performance as complete under this Agreement unless Customer notified Seller in writing otherwise within thirty (30) days of substantial completion. Should Seller retain the assistance of a third party, including without limitation an attorney, to assist with collection of unpaid amounts due and owing, Customer agrees to pay Seller's costs associated therewith including without limitation reasonable attorneys' fees, collection agency's fees, court costs, and interest at the maximum legal rate.

When payment is made using a check or cash, credit card fees are waived.

\*\*A yearly maintenance is required to honor the labor warranty, if a maintenance is missed the labor warranty is void.\*\*

Federal Tax ID 46-2969905





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/31/2025

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PRODUCER Riviere Insurance Agency 412 Canal Blvd. Thibodaux INSURED Lane's AC and Heating Services LLC 6958 West Park Ave. Houma, LA 70364	CONTACT NAME: Diana Bellina PHONE (A/C, No. Ext): (985)447-2625 E-MAIL ADDRESS: diana@riviereinsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: Atlantic Casualty Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (985)447-8975 INSURER(S) AFFORDING COVERAGE NAIC # 21792
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COVERAGES      CERTIFICATE NUMBER: 2025 2026 GL      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER (INSR LTR)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A DESCRIPTION OF OPERATIONS below		L008020099	02/24/2025	02/24/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - BA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

M Natal Contractor Inc.  
PO Box 518  
Slidell

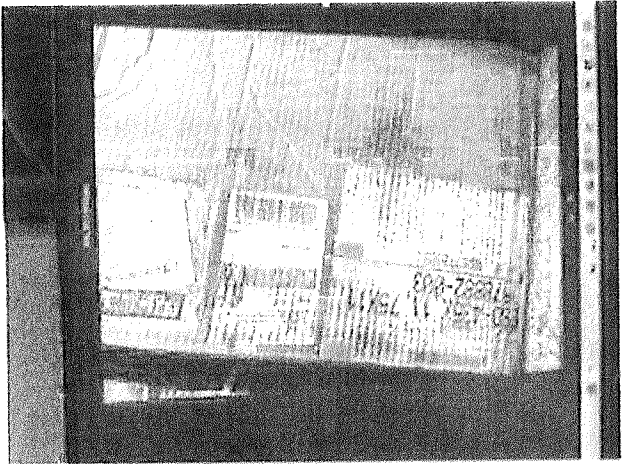
LA 70461

AUTHORIZED REPRESENTATIVE

*Diana K. Bellina*

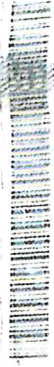
## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



60

See Additional Labels



257609792

WD490-12X12  
9578882-002

9

SHIP TO:   
 (SEE ADDITIONAL LABELS)

07/10  
STD

HU#: 1026378771

Origin QTY



FXG Re label



(US)



ST TAMMARDOT TRAINING FACILITY  
LANE S A/C AND HEATING SERVICES  
HOWAL LA 7094  
6951 WEST PARK AVE

252-3033

70364

0026 3100000



SPLIT  
HEAT PUMP

Model Number  
STVR7048A1000A

Serial Number  
25155P4UJF

Model Number  
STWR7048A1000A

Serial Number  
25155P4UJF

5TWR7048  
A1000A

25155P4UJF



PROD. SRV. CTRY: A  
FACTORY C: JPS  
PROD. LINE: JPS  
MADE IN: USA

# ENERGYGUIDE

Cooling  
Efficiency Rating **15.2-17.1**

Heating  
Efficiency Rating **8.2-9.4**



**WARNING**  
RISK OF FIRE  
IF YOU DO NOT  
FOLLOW THE  
INSTALLATION  
INSTRUCTIONS  
AND CAREFULLY  
READ THE  
OPERATING  
INSTRUCTIONS  
AND THE  
WARNING LABELS  
ON THE UNIT.

PLEASE READ THE  
INSTALLATION  
INSTRUCTIONS  
AND THE  
WARNING LABELS  
ON THE UNIT.  
IF YOU DO NOT  
FOLLOW THE  
INSTALLATION  
INSTRUCTIONS  
AND CAREFULLY  
READ THE  
OPERATING  
INSTRUCTIONS  
AND THE  
WARNING LABELS  
ON THE UNIT,  
YOU MAY  
BE RESPONSIBLE  
FOR ANY  
DAMAGE TO  
PROPERTY OR  
PERSONAL  
INJURY.

UNIT REFNO: 10242E  
SHIP TO:  
685 W PARK AVE  
HOUMA, LA 70364  
HOUMA, LA 70364

Product  
Weight

Shipping  
Weight

Item  
By  
To  
Carrier  
Delivery  
LPN

STWR7048A1000A  
1 of 1  
JPS  
AVERTE BUSINESS  
LPH

25551226344  
25551226344  
25551226344  
25551226344

St. Tammany Fire Dep

DATE: 15-MAY-2025 15:41:08

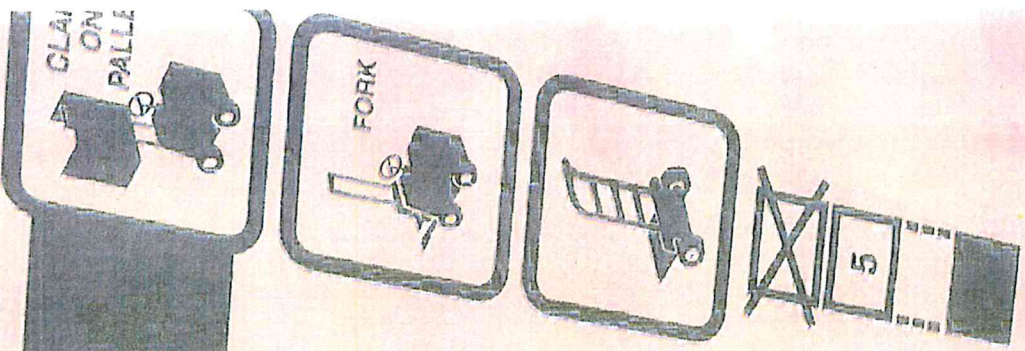


5TWR7048  
A10C3A  
25155P7JF

St.  
Tammany

**ENERGYGUIDE**

Estimated  
Energy Cost  
**15.2-17.1**  
per year  
based on  
national  
average  
usage  
and  
costs  
of  
8.2¢/kWh



HANDLE FROM  
THIS SIDE ONLY

GREENHECK  
Outbound Delivery  
Shipping  
1402 Commerce Center Dr  
Lafayette, LA 70503  
SHERBY INC  
ST. LA  
PACIFIC  
28150  
USA  
110713-359-6171  
OUTBOUND DELIVERY  
CARRIERS  
PRIORITY  
SHIP DATE  
INCO. TERMS

70364  
0022 0010 0 (000:000 0000) 0 00 0026 0270 2050  
TRK: 0025 9270 2050  
ST. TAMMANY FDI TRAINING FACILITY  
LANE, AV. AND HEATING SERVICES  
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HOUMA LA 70064  
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