



ARBOR CARE INC.
(Tree Care Specialists)
336 McFarland
Houston, Texas 77060
(713) 694-8898
Fax (713) 694-8895
service@arborcarehouston.com

Date: 12/6/2017 6:20 PM

Job Name: Ft. Bend County Master Gardners 20

Ft. Bend County Master Gardners

Work Site: 1402 Band Rd.
Sugar Land, TX 77471

1402 Band Rd.
Sugar Land, TX 77471

District: 644 C

Mobile: 832-594-1808 Cheryl
Work: 281-633-7033 Mrs. MacDowell

Proposed By: Mike Scott
Customer Code: 37304

#	Item	Description	Qty	Cost
1	All Trees Listed	Maintenance Pruning Crown clean crown raise 1" and larger deadwood for three live oaks behind building and a mexican olive tree between building.	4	\$1,530.00
2	Tree	Special Application Mexican olive tree spray with horticulture oil for scale.	1	\$240.00

Notes:

Subtotal: \$1,770.00

GENERAL LIABILITY, WORKER'S COMPENSATION & VEHICLE
INSURANCE CARRIED AT ALL TIMES FOR YOUR PROTECTION!

Arbor Care, Inc. is not responsible for underground utilities
sprinkler systems while stump grinding, tree transplanting or
installing root barriers.

All accounts over 45 days will be charged 1.5% interest.

There will be a 2% convenience fee for credit/debit card payments.

Licensed & regulated by Texas Department of Agriculture
P.O. Box 12847, Austin, TX 78711-2847
Phone:(877)542-2474 * Fax: (888)232-2567

PLEASE NOTE that at the time job specifications are written all the
trees on the property are not necessarily examined. Trees cover
over their injuries as part of their normal life cycle; therefore, not all
defects can be visibly defined. There is also no guarantee that a
trees condition will not change over a very short time due to
weather, disease and/or environmental conditions. Not all risk can
be eliminated. There is risk associated with simply standing under
any tree; therefore, tolerable risk levels can only be determined by
the client. This document is not a Tree Risk Assessment. This
service is only available from ISA Certified Arborists who hold a
Tree Risk Assessment Qualification.(TRAQ)

**All customers having storm damage work performed
will need to pay Arbor Care, Inc. directly and request
reimbursement from their insurance company. Arbor
Care, Inc. does not work off insurance claims.**

Tax: \$0.00

Total: \$1,770.00

Customer Signature

Date

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2018-321494

Date Filed:
03/05/2018

Date Acknowledged:
03/13/2018

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Fort Bend County Master Gardeners, Inc.
Rosenberg, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

FBC Master Gardeners, Inc.
Transfer of funds from FBC Master Gradeners to Fort Bend County to cover expense for maintenance pruning and special application of tree spray by Arbor Care, Inc.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)