

SENIOR REHAB PROGRAM

SCOPE OF WORK

PO# _____



REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 124 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 6220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION		CONTRACTOR INFORMATION	
ADDRESS: 704 VOGEL PLACE		COMPANY NAME:	
HOMEOWNER'S NAME/SIGNATURE: ALFRED HARRIS		POINT OF CONTACT/CONTRACTOR:	
PHONE: 618-567-6454 ALTERNATE PHONE:		MAILING ADDRESS:	
EMAIL:		CELL/BUSINESS PHONE: EMAIL:	

SCOPE OF WORK

DESCRIPTION –	QUANTITY	COST <i>Labor & Materials</i>
*WINDOWS, WINDOWS OVER FIREPLACE; 4 BEDROOM WINDOWS. KITCHEN WINDOWS.		
*ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.		

SENIOR REHAB PROGRAM

SCOPE OF WORK

PO# _____



REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 125 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 6220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION		CONTRACTOR INFORMATION	
ADDRESS: 1321 CLEVELAND		COMPANY NAME:	
HOMEOWNER'S NAME/SIGNATURE: GEORIA JACKSON		POINT OF CONTACT/CONTRACTOR:	
PHONE: 618-875-4208 ALTERNATE PHONE: 618-978-9863 - ROSLYN		MAILING ADDRESS:	
EMAIL:		CELL/BUSINESS PHONE: EMAIL:	

SCOPE OF WORK

DESCRIPTION –	QUANTITY	COST <i>Labor & Materials</i>
*GUTTERS AND SOFFIT *TOP 7 WINDOWS *ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.		

SENIOR REHAB PROGRAM

SCOPE OF WORK

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REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 126 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 62220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION

CONTRACTOR INFORMATION

ADDRESS: 9019 DEBOUPRE DR	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: MARGARET MCINTOSH	POINT OF CONTACT/CONTRACTOR:
PHONE: 618-397-1043 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL:	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION -	QUANTITY	COST <i>Labor & Materials</i>
*ROOF REPLACEMENT; TOTAL ROOF		
*RAFTER REPLACEMENT		
*DECK REPLACEMENT	(ROOF ONLY)	
* TOTAL WOOD REPLACEMENT		
*ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.		

SENIOR REHAB PROGRAM

SCOPE OF WORK

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REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 127 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 6220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION

CONTRACTOR INFORMATION

ADDRESS: 308 N 70 TH STREET	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: ESSIE POWE	POINT OF CONTACT/CONTRACTOR:
PHONE: 618-397-8372 / 618-514-1071 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL:	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION –	QUANTITY	COST <i>Labor & Materials</i>
*GUTTERS *REMOVE AND REPLACE GUTTERS *ROOF REPAIRS / SOFFIT REPAIR *REPAIR ROOF AND WOOD DAMAGE *REPAIR SOFFIT *EXTERIOR WINDOW *ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.		

SENIOR REHAB PROGRAM

SCOPE OF WORK

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REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 129 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 6220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION		CONTRACTOR INFORMATION	
ADDRESS: 408 KATHRYN		COMPANY NAME:	
HOMEOWNER'S NAME/SIGNATURE: CHRISTINE SPERMAN		POINT OF CONTACT/CONTRACTOR:	
PHONE: 618-954-6343 ALTERNATE PHONE:		MAILING ADDRESS:	
EMAIL:		CELL/BUSINESS PHONE: EMAIL:	

SCOPE OF WORK

DESCRIPTION -	QUANTITY	COST <i>Labor & Materials</i>
*ROOF REPLACEMENT; GUTTERS; FASCIA *ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.		

SENIOR REHAB PROGRAM

SCOPE OF WORK

PO# _____



REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 130 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 6220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION		CONTRACTOR INFORMATION	
ADDRESS: 2424 CLEVELAND		COMPANY NAME:	
HOMEOWNER'S NAME/SIGNATURE: GARICE TERRELL		POINT OF CONTACT/CONTRACTOR:	
PHONE: 618-550-0435 ALTERNATE PHONE:		MAILING ADDRESS:	
EMAIL:		CELL/BUSINESS PHONE: EMAIL:	

SCOPE OF WORK

DESCRIPTION -	QUANTITY	COST <i>Labor & Materials</i>
*REPLACE 4 BASEMENT WINDOWS *ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.		

SENIOR REHAB PROGRAM

SCOPE OF WORK

PO# _____



REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 131 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 62220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION		CONTRACTOR INFORMATION	
ADDRESS: 1520 SUMMIT		COMPANY NAME:	
HOMEOWNER'S NAME/SIGNATURE: KEM LONG		POINT OF CONTACT/CONTRACTOR:	
PHONE: 618-780-5572 ALTERNATE PHONE:		MAILING ADDRESS:	
EMAIL:		CELL/BUSINESS PHONE: EMAIL:	

SCOPE OF WORK

DESCRIPTION –	QUANTITY	COST <i>Labor & Materials</i>
<p>DESCRIPTION –</p> <p>*ALL WINDOWS</p> <p>*ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.</p>		

SENIOR REHAB PROGRAM

SCOPE OF WORK

PO# _____



REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 132 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 6220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION		CONTRACTOR INFORMATION	
ADDRESS: 1204 S 24 TH STREET		COMPANY NAME:	
HOMEOWNER'S NAME/SIGNATURE: MAXINE SANDERS		POINT OF CONTACT/CONTRACTOR:	
PHONE: 618-815-8730 ALTERNATE PHONE:		MAILING ADDRESS:	
EMAIL:		CELL/BUSINESS PHONE: EMAIL:	

SCOPE OF WORK

DESCRIPTION -	QUANTITY	COST <i>Labor & Materials</i>
*ALL WINDOWS *ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.		

SENIOR REHAB PROGRAM

SCOPE OF WORK

PO# _____



REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 133 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 6220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION

CONTRACTOR INFORMATION

ADDRESS: 1631 N 44 TH STREET	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: WILLIE ADAMS	POINT OF CONTACT/CONTRACTOR:
PHONE: 618-744-5593 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL:	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION -	QUANTITY	COST <i>Labor & Materials</i>
*REMOVE AND REPLACE ALL WINDOWS (HOMEOWNER WILL SPECIFY WHICH WINDOWS NEED TO BE REPLACE) *ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.		

SENIOR REHAB PROGRAM

SCOPE OF WORK

PO# _____



REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 134 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 62220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION		CONTRACTOR INFORMATION	
ADDRESS: 8301 CAROL		COMPANY NAME:	
HOMEOWNER'S NAME/SIGNATURE: RODERICK LACY		POINT OF CONTACT/CONTRACTOR:	
PHONE: 618-397-2409 ALTERNATE PHONE:		MAILING ADDRESS:	
EMAIL:		CELL/BUSINESS PHONE: EMAIL:	

SCOPE OF WORK

DESCRIPTION –	QUANTITY	COST <i>Labor & Materials</i>
<p>*REMOVE AND REPLACE 10 WINDOWS (THE CONTRACTOR MAY BID TO REPLACE HOWEVER MANY WINDOWS THAT FIT WITHIN THE AMOUNT THAT THE CITY IS PROVIDING FOR THE PROGRAM)</p> <p>*ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.</p>		

SENIOR REHAB PROGRAM

SCOPE OF WORK

PO# _____



REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 135 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 6220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION

CONTRACTOR INFORMATION

ADDRESS: 1623 CENTRAL	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: JOYCE ALLEN	POINT OF CONTACT/CONTRACTOR:
PHONE: 618-271-1558 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL:	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION –	QUANTITY	COST <i>Labor & Materials</i>
*NEED SOFFIT AND GUTTER REPLACEMENT *REPLACE 2 WINDOWS IN FRONT, AND 2 WINDOWS ON THE SIDE (CHECK CHECK WEATHER STRIPPING)		
*ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.		

SENIOR REHAB PROGRAM

SCOPE OF WORK

PO# _____



REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 136 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 6220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION		CONTRACTOR INFORMATION
ADDRESS: 1651 CLEVELAND		COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: MICHELLE CARTWRIGHT		POINT OF CONTACT/CONTRACTOR:
PHONE: 618-541-1036 ALTERNATE PHONE:		MAILING ADDRESS:
EMAIL:		CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION -	QUANTITY	COST <i>Labor & Materials</i>
*WINDOWS, THROUGHOUT THE HOME; (1 WINDOW ON THE LEFT SIDE, 1 WINDOW ON THE RIGHT SIDE, AND 2 WINDOWS IN THE FRONT)		
*ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.		

SENIOR REHAB PROGRAM

SCOPE OF WORK

PO# _____



REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 137 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 6220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION		CONTRACTOR INFORMATION	
ADDRESS: 2419 ILLINOIS AVE		COMPANY NAME:	
HOMEOWNER'S NAME/SIGNATURE: RHELDA ROSS		POINT OF CONTACT/CONTRACTOR:	
PHONE: 618-204-0564 ALTERNATE PHONE:		MAILING ADDRESS:	
EMAIL:		CELL/BUSINESS PHONE: EMAIL:	

SCOPE OF WORK

DESCRIPTION –	QUANTITY	COST <i>Labor & Materials</i>
*GENERAL DEMOLITION *FRAMING AND ROUGH CARPENTRY (ROOF) *ROOFING, GUTTER *WINDOWS - SKYLIGHTS		
*ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.		

SENIOR REHAB PROGRAM

SCOPE OF WORK

PO# _____



REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 138 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 6220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION		CONTRACTOR INFORMATION
ADDRESS: 1625 N. 44 TH STREET		COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: MAE ALLEN		POINT OF CONTACT/CONTRACTOR:
PHONE: 618-304-3444 ALTERNATE PHONE:		MAILING ADDRESS:
EMAIL:		CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION –	QUANTITY	COST <i>Labor & Materials</i>
<p>*REMOVE EXISTING SHINGLE AND REPLACE WITH ARCHITECTURAL</p> <p>*REMOVE EXISTING INSULATION SYNTHETIC FELT</p> <p>*ICE AND WATER SHIELD WILL BE PLACED IN VALLEYS AND ALL EAVES OF THE ROOF</p> <p>*STARTED SHINGLE WILL BE INSTALLED ON ALL EAVES AND RAKES OF THE ROOF</p> <p>*DRIP EDGE WILL BE INSTALLED ON ALL RAKES AND EAVES OF THE ROOF</p> <p>*ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.</p>		

SENIOR REHAB PROGRAM

SCOPE OF WORK

PO# _____



REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 139 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 6220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION

CONTRACTOR INFORMATION

ADDRESS: 2720 GATY AVE	COMPANY NAME:
HOMEOWNER'S NAME/SIGNATURE: EDNA FOXWORTH	POINT OF CONTACT/CONTRACTOR:
PHONE: 618-274-4646 ALTERNATE PHONE:	MAILING ADDRESS:
EMAIL:	CELL/BUSINESS PHONE: EMAIL:

SCOPE OF WORK

DESCRIPTION -	QUANTITY	COST <i>Labor & Materials</i>
*WINDOWS *ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.		

SENIOR REHAB PROGRAM

SCOPE OF WORK

PO# _____



REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 140 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 6220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleeming@cesl.us or 618-600-4704

PROJECT INFORMATION		CONTRACTOR INFORMATION	
ADDRESS: 585 GRAY BLV		COMPANY NAME:	
HOMEOWNER'S NAME/SIGNATURE: ORGY MOORE		POINT OF CONTACT/CONTRACTOR:	
PHONE: 618-875-3715 ALTERNATE PHONE:		MAILING ADDRESS:	
EMAIL:		CELL/BUSINESS PHONE: EMAIL:	

SCOPE OF WORK

DESCRIPTION -	QUANTITY	COST <i>Labor & Materials</i>
*WINDOWS *ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.		

SENIOR REHAB PROGRAM

SCOPE OF WORK

PO# _____



REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 141 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 6220. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION		CONTRACTOR INFORMATION	
ADDRESS: 855 PERSHING		COMPANY NAME:	
HOMEOWNER'S NAME/SIGNATURE: JAQUALINE JACKSON		POINT OF CONTACT/CONTRACTOR:	
PHONE: 618-304-0461 ALTERNATE PHONE:		MAILING ADDRESS:	
EMAIL:		CELL/BUSINESS PHONE: EMAIL:	

SCOPE OF WORK

DESCRIPTION –	QUANTITY	COST <i>Labor & Materials</i>
*ALL NEW WINDOWS THROUGHOUT THE HOUSE *ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.		

SENIOR REHAB PROGRAM

SCOPE OF WORK

PO# _____



REQUEST FOR BID

Instructions to contractor: Return RFB# 25- 142 return by November 14, 2025, at 11:00 AM. Include a minimum of three (3) sealed copies, Attn: Debra Hamilton Tidwell, City Clerk, 1st Floor, 301 River Park Drive, East St. Louis IL 62201. For any questions, please contact Tereyowna Martin tmartin@cesl.us or 618-600-1919 Ineater Fleming ifleming@cesl.us or 618-600-4704

PROJECT INFORMATION		CONTRACTOR INFORMATION	
ADDRESS: 1324 N. 42 nd STREET		COMPANY NAME:	
HOMEOWNER'S NAME/SIGNATURE: VICKIE BURTON		POINT OF CONTACT/CONTRACTOR:	
PHONE: ALTERNATE PHONE: 618-274-2364		MAILING ADDRESS:	
EMAIL:		CELL/BUSINESS PHONE: EMAIL:	

SCOPE OF WORK

DESCRIPTION -	QUANTITY	COST <i>Labor & Materials</i>
*4 FRONT WINDOWS - 2 * 4 (3 ON RIGHT COULD BE TREATED AS 1 PICTURE)		
*6 SOUTH SIDE WINDOWS - 2 * 4 (3 HAVE BARS - DEN WINDOWS)		
*3 NORTH SIDE WINDOWS - 2 (2 * 4 WINDOWS HAVE WASP NESTS)		
*1 REAR WINDOW - 6 *2		
*1 MORE REAR WINDOW 15 * 30 HAS TERMITE DAMAGE		
*ALL CONTRACTORS ARE REQUIRED TO CONTACT THE HOMEOWNER DIRECTLY TO SCHEDULE A SPECIFIC DATE AND TIME FOR THE PROPERTY EVALUATION.		