**Please complete and return with the enclosed Service Agreement.**

 Breathitt Co Schools

|  |  |  |
| --- | --- | --- |
| A. | **Sold To** | Company Name: |
| Address: |
| Phone #: |
| Email Address: |
| B. | **Bill To** (if different from above) | Name: |
| Address: |
| Phone #: |
| C. | Individual in charge of physical facilities: | Name: |
|  | (Management or Supervisor Level) | Title: |
| Phone #: |
| Email Address: |
| D. | Name of equipment operators |  |
| E. | Purchasing Agent | Name: |
| F. | Safety Director | Name: |
| G. | Who should the Service Representative report to when arriving at the facility? |  |
| H. | To whom should the Service Representative report the results of the visit? |  |
| I. | What individual should receive copies of Service Work Reports? |  |
| J. | Who can authorize the Service Representative to perform additional services or work overtime? |  |
| K. | Any other special instructions for us to consider in performing the services purchased: |  |
| L. | Tracer Summit Phone # (if applicable) | Phone #: |

 420 Court Street

Jackson, KY 41339

 606-666-2491

Breathitt Co Schools

 P.O. Box 750

Jackson, KY 41339

Will Noble

 Facilities and Technology Director

 Cell 606-359-0317

 Office 606-666-2491 Ext 2007

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