

**RELEASE OF PROPERTY DAMAGE  
009515-048486-AD-01**

FOR AND IN CONSIDERATION OF the payment to me, Levy County Transfer Station, for the sum of \$8,600.00 (Eight Thousand Six Hundred Dollars) as result of the incident and other good and valuable consideration, we, being of lawful age, have released and discharged, and by these presents do for ourselves, our heirs, executors, administrators and assigns, acquit and forever discharge GFL Environmental Holdings Inc., Gallagher Bassett Services Inc., Tyron Hull. This is for damage resulting or to result from an accident that occurred on or about the 6<sup>th</sup> day of November 2024, at or near Williston, Florida.

We understand that this settlement is the compromise of a doubtful and disputed claim, and that the payment is not to be construed as an admission of liability on the part of the persons, firms and corporations hereby released by whom liability is expressly denied. This release contains the ENTIRE AGREEMENT between the parties hereto, and the terms of this release are contractual and not a mere recital. We further state that we have carefully read the foregoing release and know the contents thereof, and we sign the same as my/our own free act.

**CAUTION! READ BEFORE SIGNING.**

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

IN THE PRESENCE OF

Name \_\_\_\_\_)

Address \_\_\_\_\_)

CAUTION! READ BEFORE SIGNING

\_\_\_\_\_(Signature)  
Representative for Levy County Transfer Station

\_\_\_\_\_(Signature)

State of ( \_\_\_\_\_ ) ss.

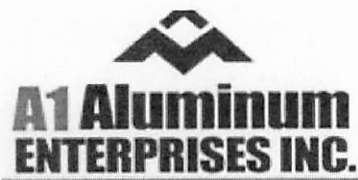
County of ( \_\_\_\_\_ ) ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known to be the person described herein, and who executed the foregoing instrument and \_\_\_\_\_ acknowledged that \_\_\_\_\_ voluntarily executed the same.

My term expires \_\_\_\_\_, 20\_\_\_\_\_. \_\_\_\_\_

NOTARY PUBLIC

Claim number: 009515-048486-AD-01



# A1 ALUMINUM ENTERPRISES, INC. AGREEMENT FOR SERVICES

8490 NE 61st Place Bronson Fl 32621

Phone: 352-378-2822

Web: A1-aluminum.com | Email: a1alum27@aol.com



State Certified  
SCC131149584

PROPOSAL SUBMITTED TO (Client Name) Doug Partin	PHONE 352-577-4457	PROPOSAL DATE 11/8/24
JOB SITE ADDRESS 12051 NE 69th Ln.	JOB NAME	
CITY, STATE AND ZIP CODE Williston	JOB ADDRESS	
LEGAL DESCRIPTION	PARCEL	APPROXIMATE SCHEDULE

This Agreement is made effective on the date first written above ("Effective Date") by and between A1 Aluminum Enterprises, Inc. (hereinafter referred to as "A1 Aluminum"), a Florida corporation, and Client, whose name and address are listed above (A1 Aluminum and Client are collectively referred to as the "Parties"). Whereas, Client, as owner of the Job Site, authorizes A1 Aluminum to enter the Job Site to perform the services described below in the Scope of Work and Estimate, and A1 Aluminum agrees to perform such services. Now, pursuant to the Terms and Conditions set forth on the back of this page, which are part of this Agreement and incorporated herein by reference, the Parties agree as follows: **Scope of Work ("Work"):**

18'x15' Aluminum patio cover, free standing, 3" aluminum pan roof, aluminum framing with center beam (mid span), 3"x3" struc. post set in isolated footing, (12" taller than before), material and labor.

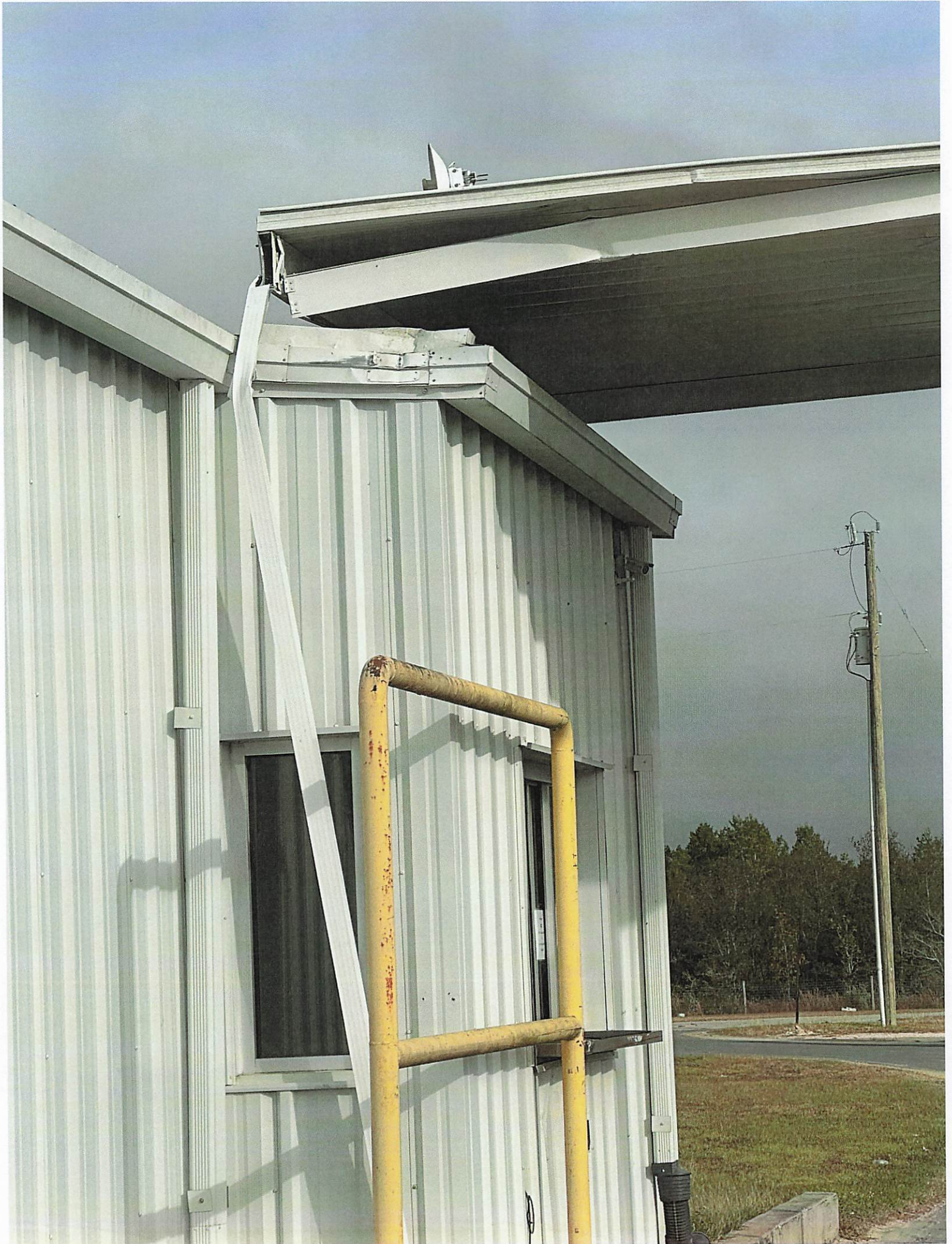
\$8,600.00

COLOR: White

PROPOSED BY: Scott Sapp

Client authorizes A1 Aluminum to provide whatever labor and materials are reasonably necessary to perform the Work needed to preserve, protect, and to secure the Job Site. Client agrees to pay in full for the Work, minus any deposits already paid to A1 Aluminum, on or before the date the Work is completed. If Client cancels this Agreement at any time, Client agrees to reimburse A1 Aluminum for all costs incurred up to the date that A1 Aluminum receives written notice of Client's decision to cancel this Agreement. This includes, but is not limited to, materials, labor, shipping, and rental costs. Any additional work outside the Scope of Work and Estimate must be paid for and authorized by Client prior to the commencement of said work. **Client further authorizes A1 Aluminum to use photos and videos of the Work for commercial and promotional**





Immediately after an accident fill out this form and send to:  
Human Resources – Risk Management  
PUBLIC RISK MANAGEMENT OF FLORIDA

DEPARTMENT: Solid Waste
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# LOSS REPORT FOR DAMAGE TO YOUR OWN PROPERTY

## CLIENT INFORMATION

DEPARTMENT: Solid Waste	PHONE # 352-486-3300
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LOCATION OF LOSS Scale House	PERSON COMPLETING THIS FORM Travis Newsome
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DATE OF LOSS November 6, 2024	TIME OF LOSS 8:53 am	ESTIMATE OF LOSS \$8600.00
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CHECK EACH BOX THAT APPLIES

- BUILDING AND/OR CONTENTS
- BOILER & MACHINERY
- EMPLOYEE DISHONESTY
- ROBBERY OR SAFE BURGLARY
- CARGO

## SUMMARY

How loss occurred and damage extent. Attach supporting material, any available reports, newspaper account, pictures, repair estimates or invoices, etc..

GFL truck # 944021 , driver Tyron Hull  
Driver didn't let down top of truck all the way and it caught the awning and destroyed the awning.

Attach additional pages as necessary

This form was completed by: Travis Newsome  
Signature Required

2-7-25  
Date