COMMON COUNCIL MEETING

Common Council Chambers
Monday, October 7, 2019
6:30 p.m.

I. ROLL CALL:

II. REVIEW OF MINUTES:

III. READING OF ITEMS by the City Chamberlain of any resolutions not listed on the printed agenda.

IV. PUBLIC PARTICIPATION: Three (3) minutes per person up to 45 minutes of public comment on any agenda and non-agenda item.

V. CHAIRWOMAN'S COMMENTS AND PRESENTATIONS:

From Chairwoman Finney a communication regarding progress and development in the policies for body worn camera in the Police Department, along with the PBA MOA and upcoming PBA negotiations for the next contract.

VI. MAYOR'S COMMENTS:

VII. MOTIONS AND RESOLUTIONS:

1. Resolution R19-71-approving an MOA with the City of Poughkeepsie PBA.
2. Resolution R19-72, setting a public hearing for the LWRP.

VIII. ORDINANCES AND LOCAL LAWS:

IX. PRESENTATIONS OF PETITIONS AND COMMUNICATIONS:

1. **FROM THE HDLPC,** a communication regarding land marking processes.

2. **FROM COUNCILMEMBER SALEM,** a communication regarding a joint Common Council-Waterfront Advisory Committee workshop regarding the proposed LWRP.

3. **FROM CITY ADMINISTRATOR NELSON,** a communication regarding the status of negotiations to extend the license to operate the Ice House.

4. **FROM CITY ADMINISTRATOR NELSON (Chair of the Anti-Blight Task Force),** a communication regarding the proposed sale of 13 Harrison Street.

5. **FROM THALICIOUS CATERING, INC.**, located at 138 South Avenue (1st floor), a notice of intent to renew their liquor license.

6. **FROM TREVOR TATUROZAK,** a notice of property damage sustained on September 13, 2019.

X. UNFINISHED BUSINESS:

XI. NEW BUSINESS

XII. ADJOURNMENT:

RESOLUTION
R19-71

INTRODUCED BY COUNCILMEMBER MCNAMARA

WHEREAS, the most recent Collective Bargaining Agreement between the City of Poughkeepsie (the "City") and City of Poughkeepsie Police Benevolent Association ("PBA") expires on December 31, 2019; and

WHEREAS, representatives of the City and the PBA have negotiated on and settled upon certain financial terms and conditions as set forth in the Memorandum of Agreement annexed hereto and made a part hereof, and

WHEREAS, the PBA's membership has ratified the terms of the settlement; and

WHEREAS, the agreement is subject to ratification by the Common Council; and

WHEREAS, it is the desire of the Common Council to authorize and approve the financial terms of the settlement; and

WHEREAS, the Common Council has determined that this resolution constitutes a Type II action as defined by the New York State Environmental Quality Review Act and 6 NYCRR Part 617,

NOW, THEREFORE,

BE IT RESOLVED, that the Common Council does hereby authorize and approve the proposed settlement of the collective bargaining negotiations between the City and the PBA for a successor agreement for the period January 1, 2020 to December 31, 2020, containing the financial terms substantially in the same form and substance as set forth in the Memorandum of Agreement annexed hereto as Schedule "A"; and be it further

RESOLVED, that the Common Council does hereby authorize the Mayor to enter into a successor agreement with the PBA, containing financial terms substantially in the same form and substance as set forth in the Memorandum of Agreement annexed hereto, and be it further

RESOLVED, that this resolution take effect immediately.

SECONDED BY COUNCILMEMBER _____.

R- E- S- O- L- U- T- I- O- N
(R19-72)

INTRODUCED BY COUNCILMEMBER SALEM

WHEREAS, the Common Council is considering changes to its adopted Local Waterfront Revitalization Program; and

WHEREAS, the Common Council wishes to receive public comment regarding the policies contained therein and the future vision of the Costal Zone; and

NOW, THEREFORE,

BE IT RESOLVED, that the Council shall call a public hearing on the proposed updates to the Local Waterfront Revitalization Plan at City Hall, 62 Civic Center Plaza, Poughkeepsie, New York, at 5:00 o'clock P.M., on November 18, 2019; and

BE IT FURTHER RESOLVED that the Clerk publish or cause to be published a public notice in the official newspaper of the City of Poughkeepsie of said public hearing at least five (5) days prior thereto.

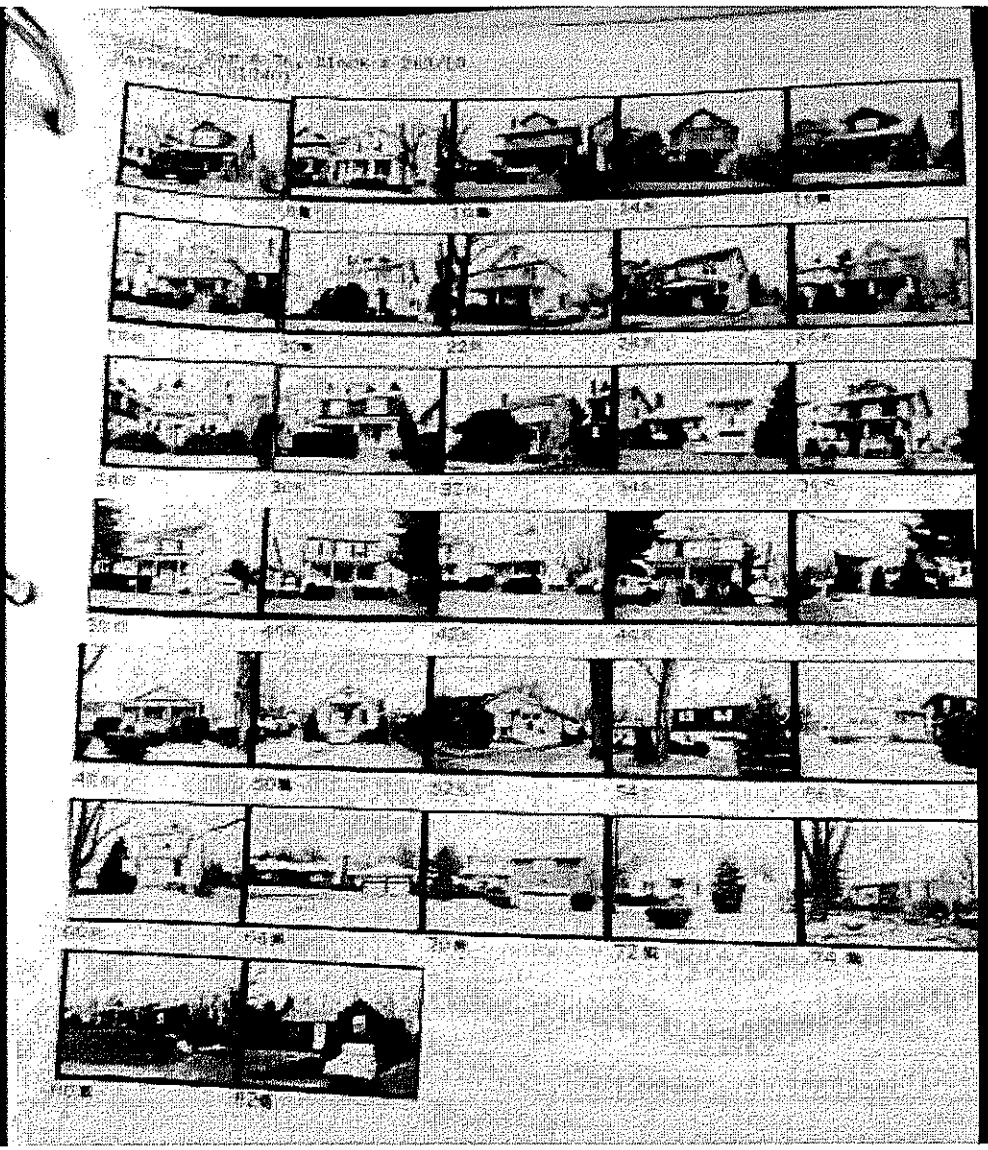
SECONDED BY COUNCILMEMBER _____ .

HDLPC Presentation to Common Council
Topic: Analysis of Poughkeepsie's Historic Resource Inventory

1. What is in the 1977 Historic Resource Inventory?
2. How has it been updated in 2019?
3. How it is different than the Natural Resources Inventory?
4. Why is the inventory an important tool?
5. Why are historic resources important?
6. How do other communities utilize their historic resources?
7. Where are our historic resources located?
8. How many historic resources do we have?
9. How are the historic resources ranked (varying degrees of importance)?
10. What shape are our historic resources in?
11. How can the HDLPC work with the City Council to protect our historic resources?
12. Discussion of:

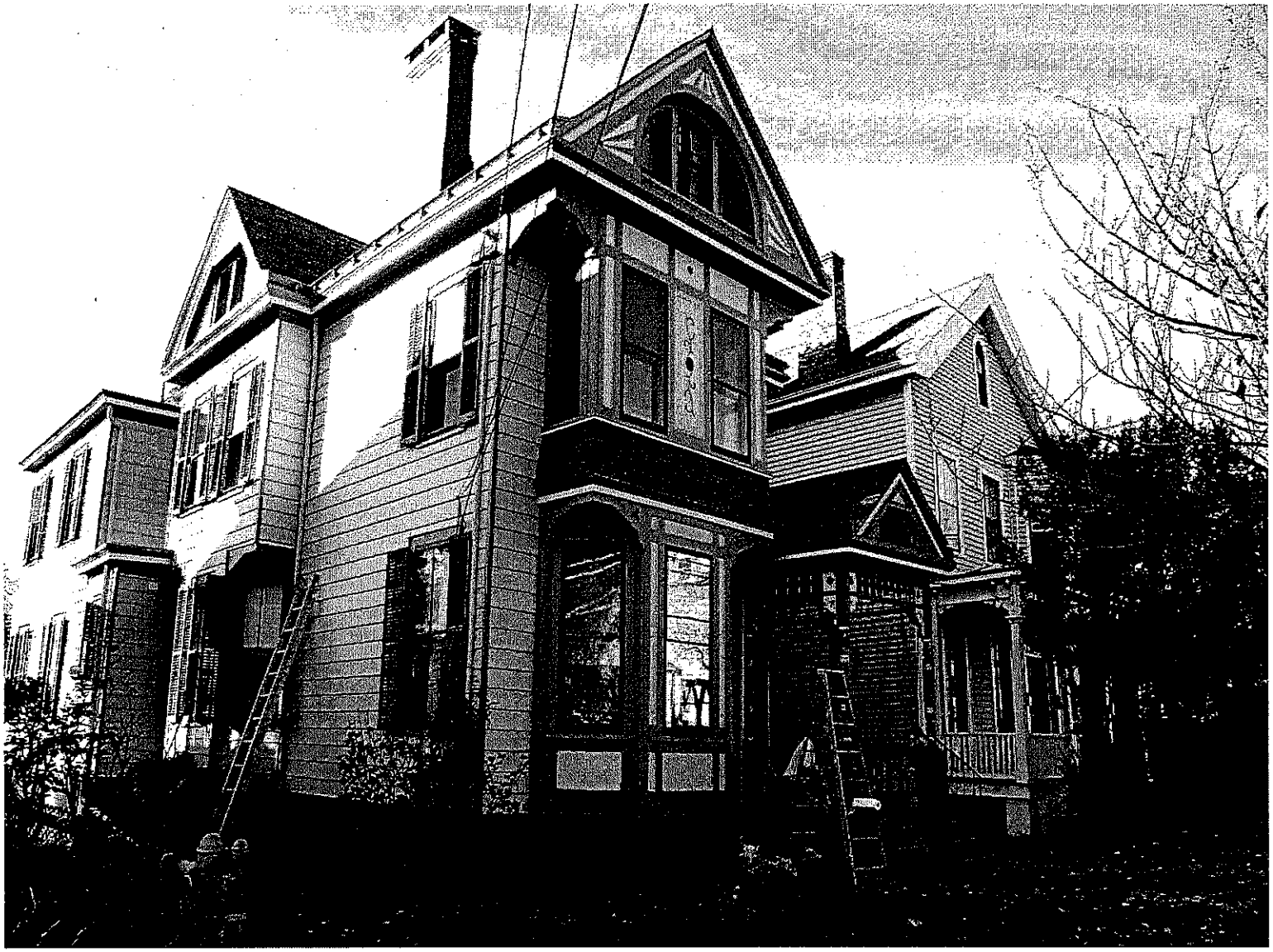
- Demolition Review and Demolition by Neglect Legislation
- Landmark Designations
- Education on Financial Incentives available for Historic Resources
- Preservation and Land Banking

42 Years Ago...

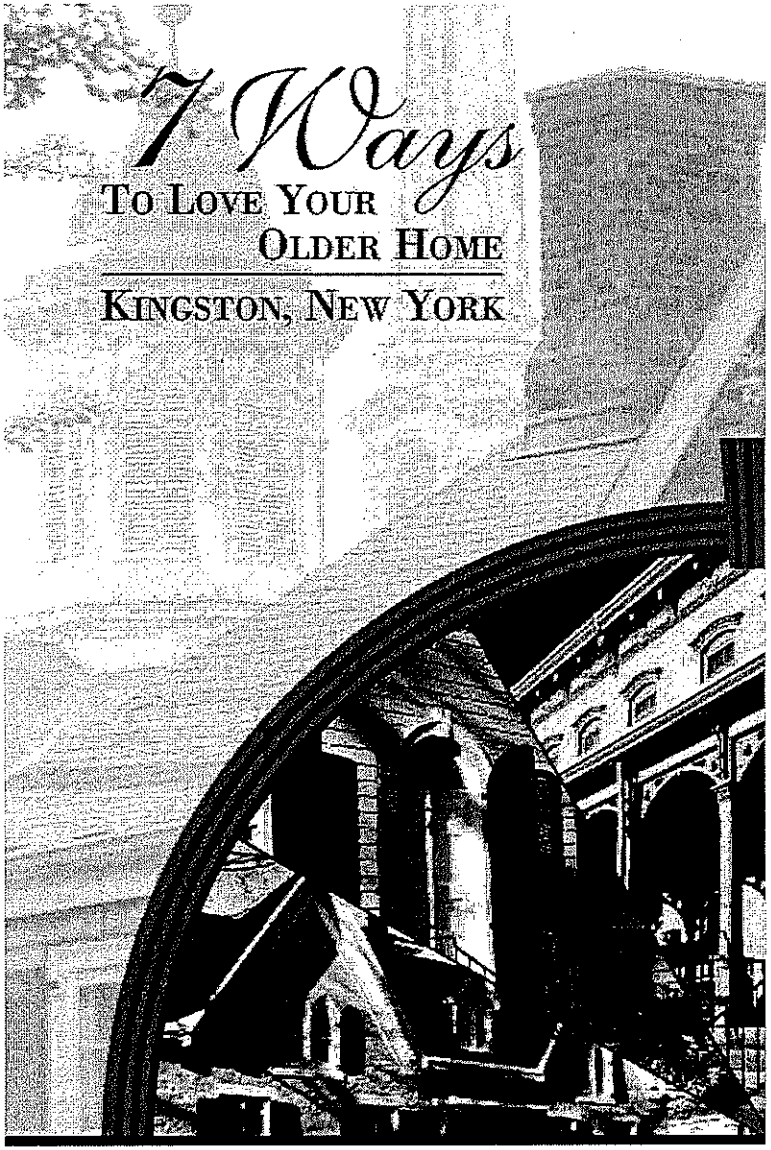


1412	S. Clinton	22				6
1413	S. Clinton	26				6
1414	S. Clinton	27				6
1415	S. Clinton	28				6
1416	S. Clinton	29				6

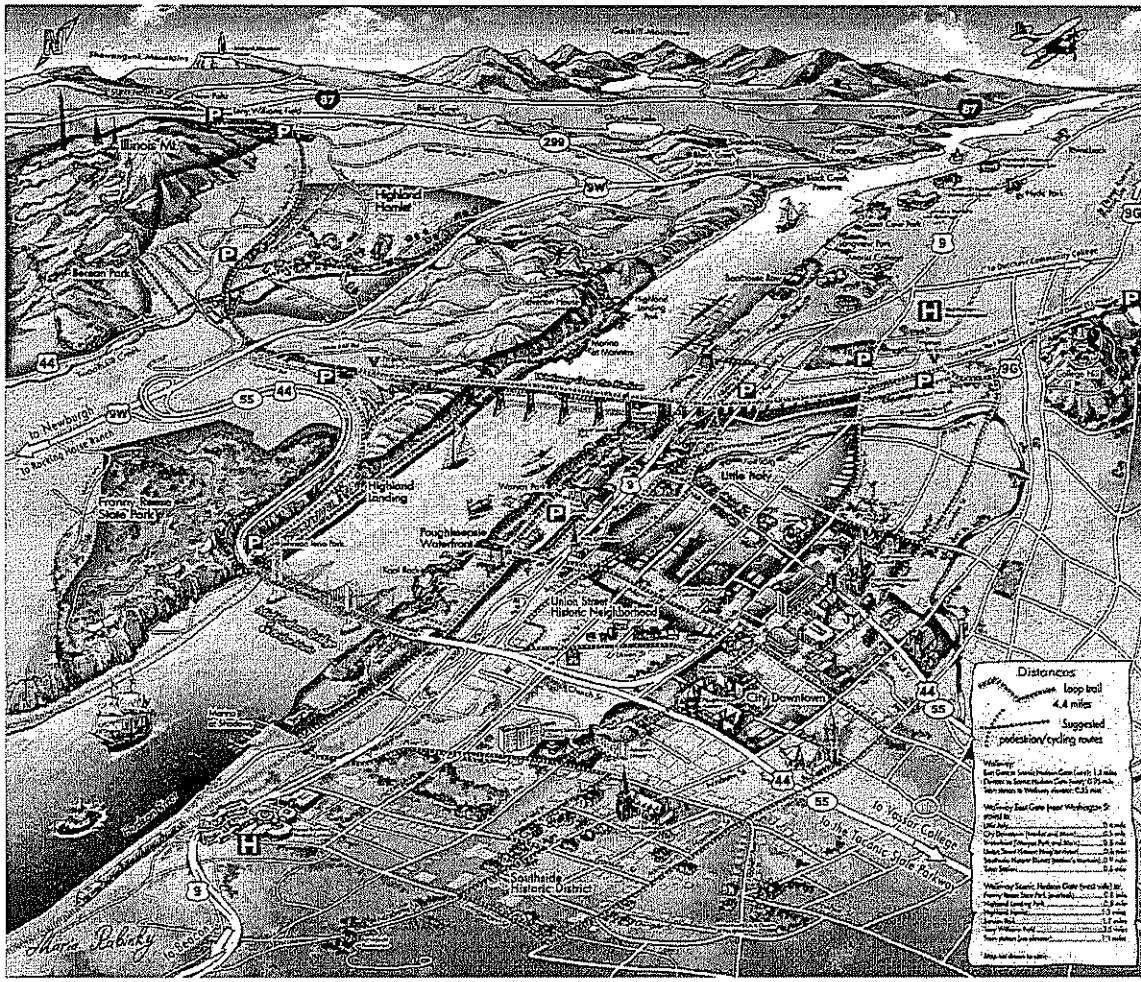
(2019) Updated and Reformatted Inventory

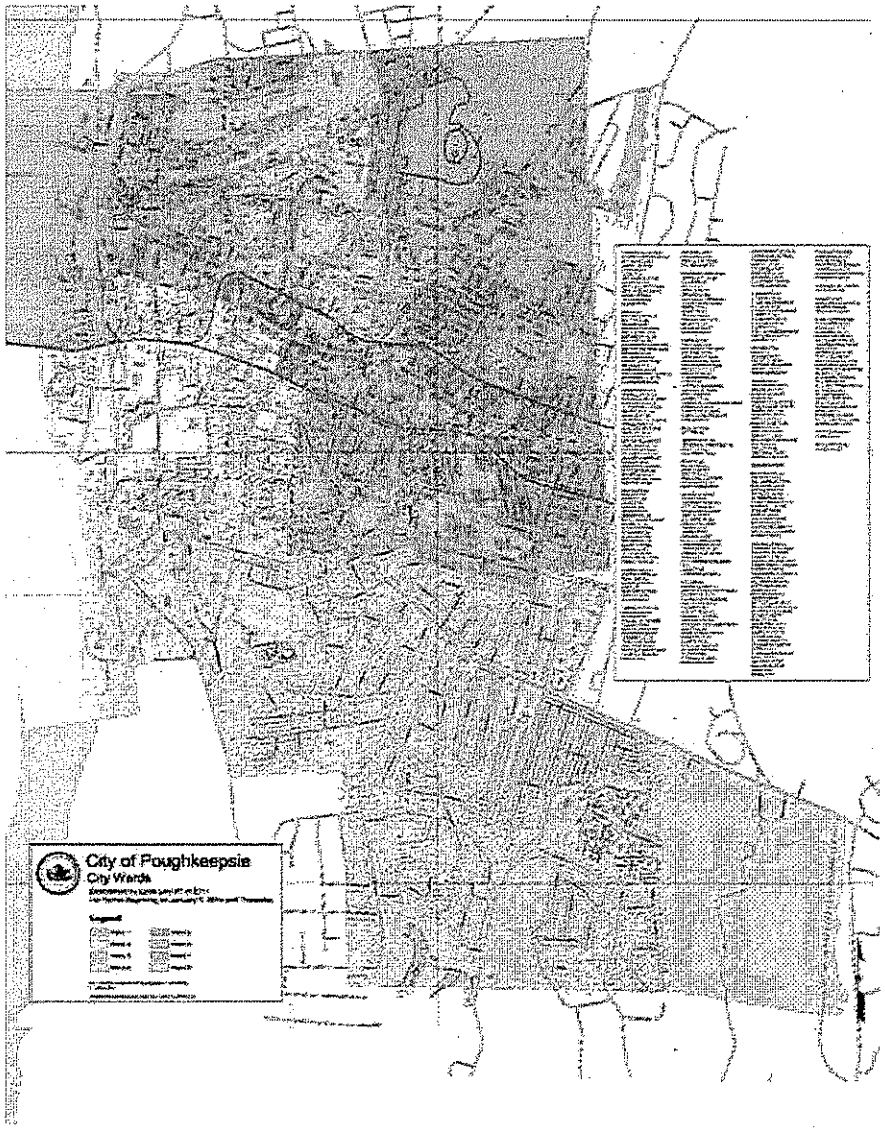


Why are Historic Resources important?



Utilizing Historic Resources



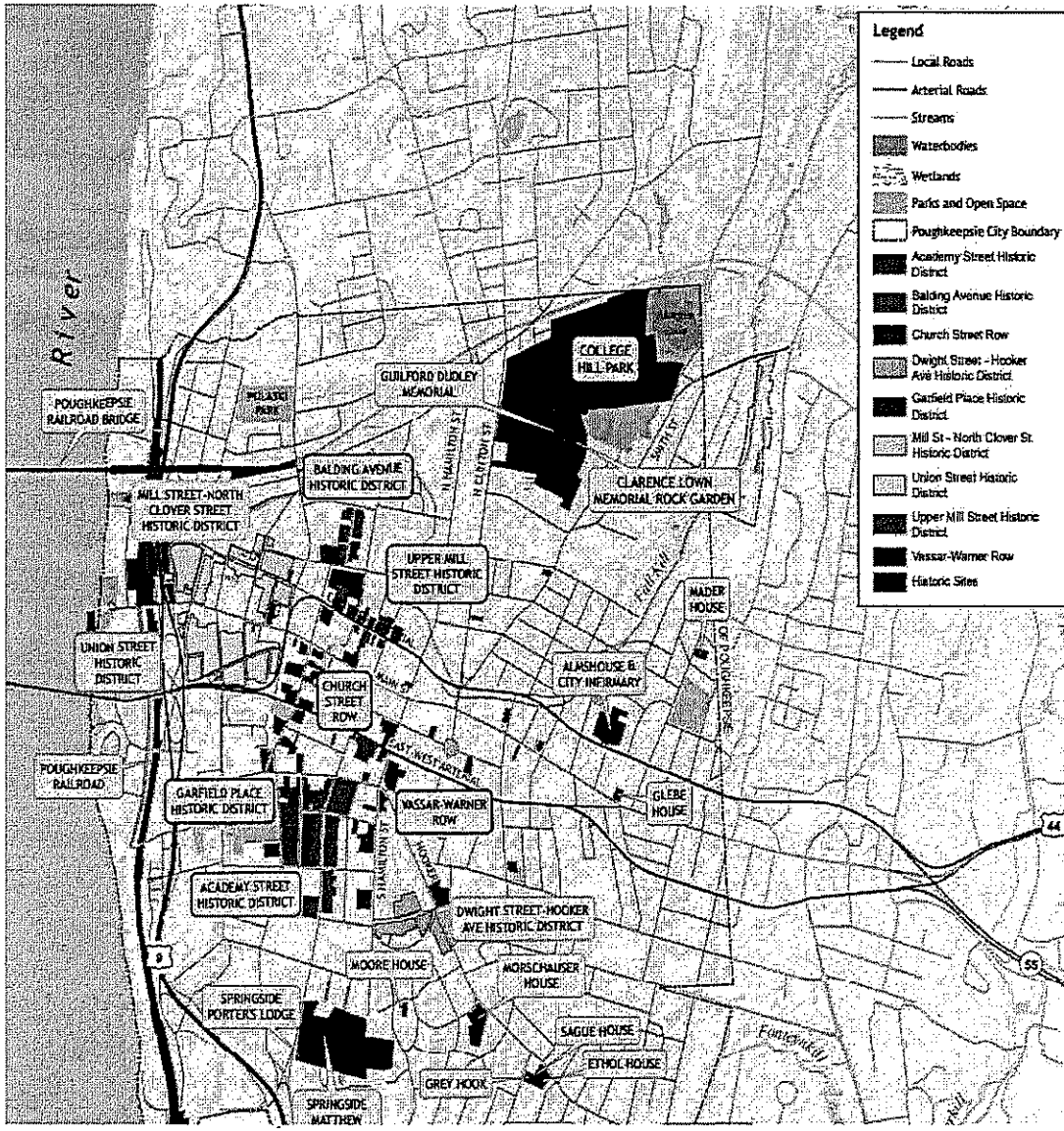


Historic Resource Locations

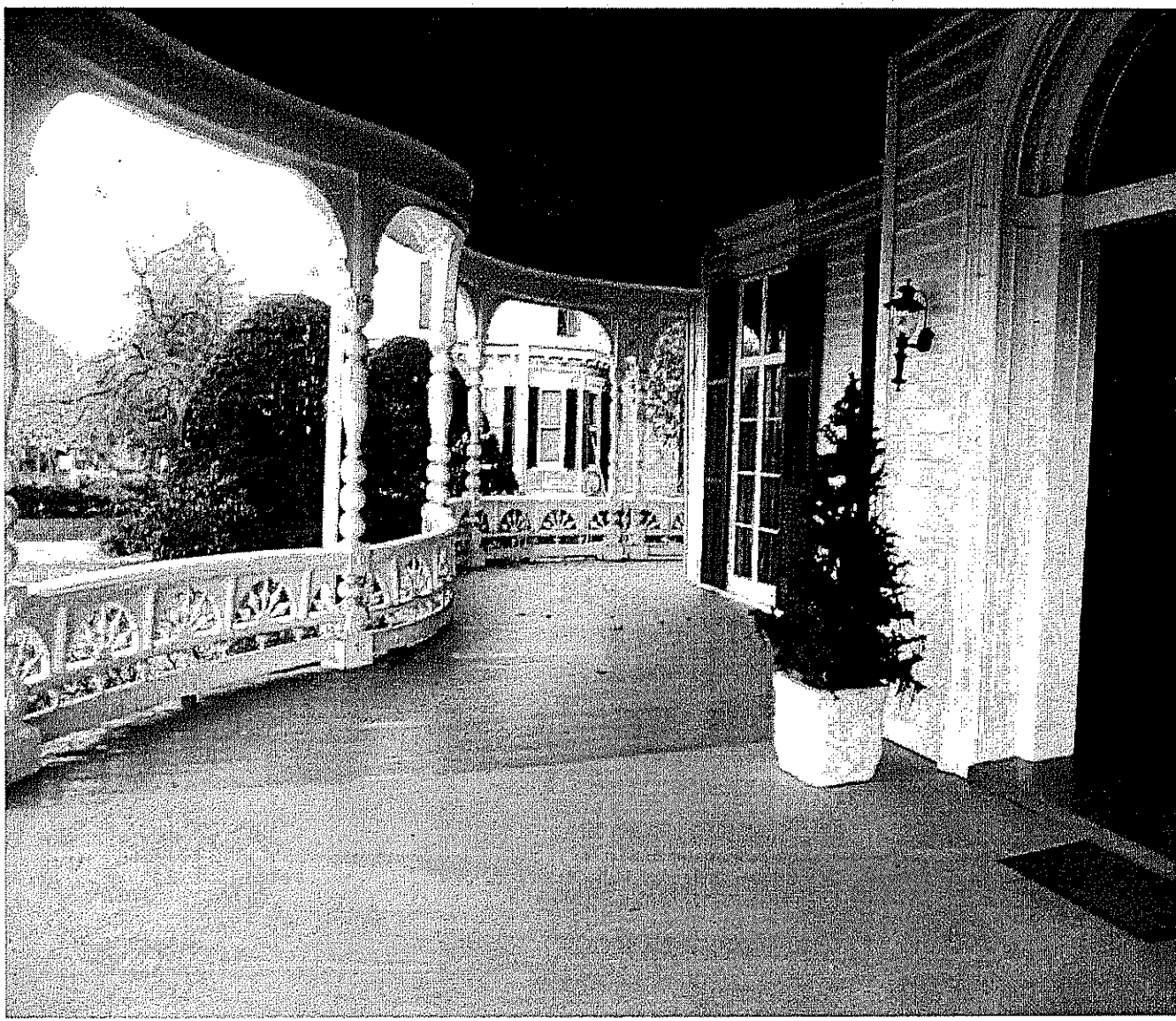
Historic Resource Quantity

Historic Resource Ranking

National and State Registered Properties



Local Register Properties



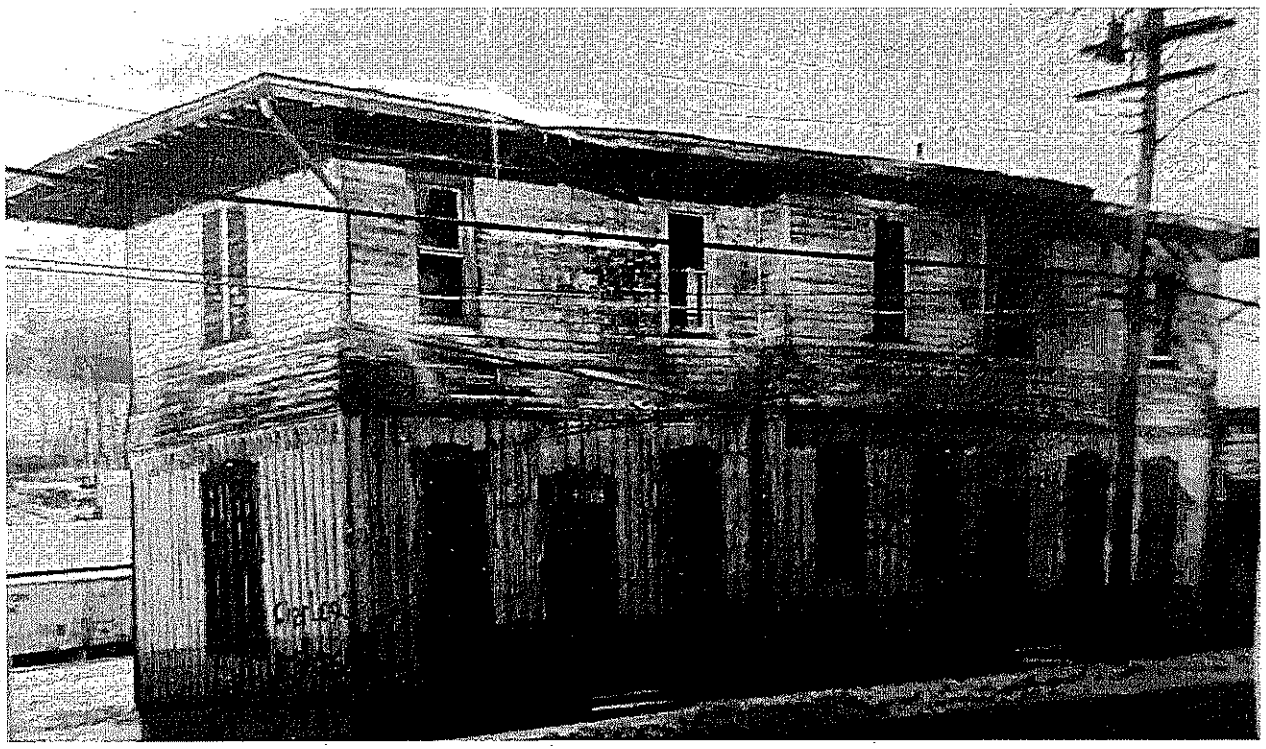
Historic Resource Condition

Altered

Demolished

Safety Nets for Historic Properties:

- **Demolition Review**
- **Preventing Demolition by Neglect**



Landmarking

historic tax credit workshops

Financial Incentives Available For Historic Homeowners

The New York State Historic Homeowner Tax Credit Program will cover up to 20% of qualified rehabilitation costs of owner-occupied historic houses, up to a credit value of $50,000.

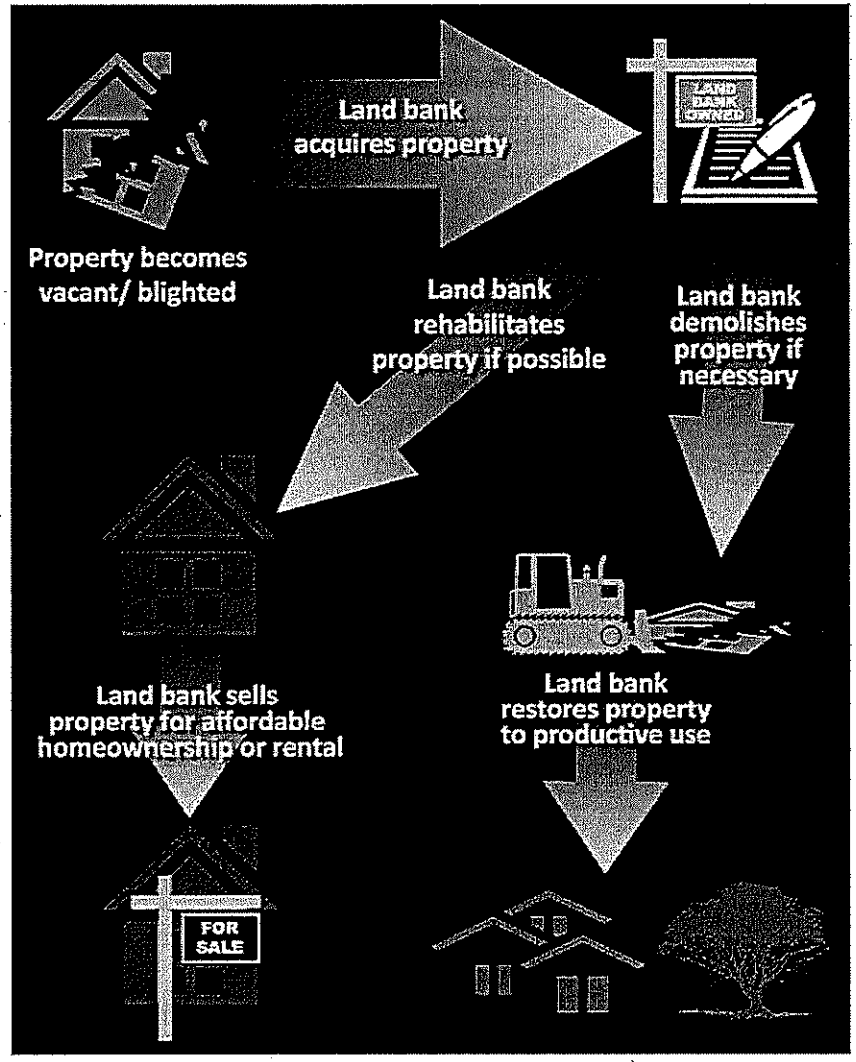
The Federal Historic Preservation Commercial Tax Credit will cover up to 20% of qualified rehabilitation costs. In eligible census tracts, the NYS Historic Commercial Properties Tax Credit can be combined with the Federal Historic Preservation Commercial Tax Credit to cover 40% of qualified rehabilitation expenditures.

Owners of properties like these in Newburgh's East End Historic District may be eligible for tax credits for approved repairs.

This program requires that the building be individually listed in the State or National Register of Historic Places, or a contributing building in a listed historic district. For the NYS historic tax credits, the building must be located in a qualifying census tract, and must meet the spending thresholds for each program, $5,000 for the NYS Historic Homeowner and $100,000 or 100% of the property's adjusted basis for the NYS and Federal Commercial credit.

To find out if a property is eligible, visit https://parks.ny.gov/shpo/tax-credit-programs/ or call the New York State Office of Parks, Recreation and Historic Preservation at 518-237-8643, and ask for the state tax credit staff member.

Land Bank Property Life Cycle:



Preservation and Land Banking

THE JAMES FIRM
COUNSELLORS AT LAW

585 STEWART AVENUE
SUITE 615
GARDEN CITY, NY 11530
TEL: 516.858.5887
FAX: 516.858.5867

September 5, 2019

Via Certified Mail #7018 0680 0000 7380 1694

City Clerk
City of Poughkeepsie
62 Civic Center Plaza
Poughkeepsie, New York 12061

Re: Palace Diner Catering LLC
194 Washington Street
Poughkeepsie, NY 12601

Dear Mr./Ms. Chairman/Chairwoman,

I am writing to you on behalf of my client, Palace Diner Catering LLC, located at the address above. My client, intends to purchase the restaurant and to continue offering meals and alcoholic beverage service to the community. My client's intention is to apply to the New York State Liquor Authority to transfer the on-premise liquor, wine, beer and cider license for this location.

My client would like to submit their application to the State Liquor Authority prior to the expiration of the 30-day notice period on October 5, 2019. As such, I am respectfully requesting a waiver of the 30-day notice period or expedited review of our application so that the application can be filed sooner with the State Liquor Authority.

My client would face incredible hardship if a waiver is not granted. Specifically, the delay in submitting its application and obtaining a temporary permit prior to the purchase of the business will strain the business' bottom line as it needs all the cash reserves possibly at this very beginning stage. The applicant would not be able to open the restaurant and to begin generating enough business to meet its financial obligations. This would not serve the public convenience and advantage if the applicant is impeded from properly opening it restaurant, serving the community, and compensating its staff.

We ask that you consider our hardship and our request for a waiver. We sincerely appreciate your time and consideration in this matter.

Yours very truly,

Michael A. James

Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice was Sent: 09/05/2019 1a. Delivered by: Certified Mail Return Receipt Requested

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

◉ New Application ○ Renewal ○ Alteration ○ Corporate Change ○ Removal ○ Class Change ○ Method of Operation Change

For **New** applicants, answer each question below using all information known to date
For **Renewal** applicants, answer all questions
For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)
For **Corporate Change** applicants, attach a list of the current and proposed corporate principals
For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation
For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type
For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board: City of Poughkeepsie

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name: Palace Diner Catering LLC

6. Trade Name (if any): N/A

7. Street Address of Establishment: 194 Washington Street

8. City, Town or Village: Poughkeepsie , NY Zip Code: 12601

9. Business Telephone Number of Applicant/Licensee:

10. Business E-mail of Applicant/Licensee: Pending

11. Type(s) of alcohol sold or to be sold: ○ Beer & Cider ○ Wine, Beer & Cider ◉ Liquor, Wine, Beer & Cider

12. Extent of Food Service:

◉ Full food menu; full kitchen run by a chef or cook ○ Menu meets legal minimum food availability requirements; food prep area at minimum

13. Type of Establishment: Restaurant (full kitchen and full menu required)

14. Method of Operation: (check all that apply)

☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☑ Recorded Music ☐ Karaoke
☐ Live Music (give details i.e., rock bands, acoustic, jazz, etc.):
☐ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel
☐ Other (specify):

15. Licensed Outdoor Area: (check all that apply)

☑ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
☐ Sidewalk Cafe ☐ Other (specify):

2019 SEP -9 PM 2:59
CITY OF POUGHKEEPSIE
CITY CHAMBERLAIN

○ Original ○ Amended Date _____

16. List the floor(s) of the building that the establishment is located on: First, Basement

17. List the room number(s) the establishment is located in within the building, if appropriate: N/A

18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ○ Yes ◉ No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ◉ Yes ○ No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:

Palace Diner Inc (Name) 2207944 (Serial Number)

21. Does the applicant or licensee own the building in which the establishment is located? ○ Yes (if YES, SKIP 23-26) ◉ No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: Papas Realty Holding LLC

23. Building Owner's Street Address: 194 Washington Street

24. City, Town or Village: Pougkeepsie State: NY Zip Code: 12601

25. Business Telephone Number of Building Owner: (201) 519-2955

Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

26. Representative/Attorney's Full Name: Michael A. James

27. Representative/Attorney's Street Address: 585 Stewart Avenue, Ste. 615

28. City, Town or Village: Garden City State: NY Zip Code: 11530

29. Business Telephone Number of Representative/Attorney: (516) 858-5887

30. Business E-mail Address of Representative/Attorney: licensing@jamesfrm.com

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: Michael A. James Title: Attorney for Applicant

Principal Signature: _____

2019 SEP -9 PM 2:59

CITY OF POUGHKEEPSIE
CITY CHAMBERLAIN

NEW YORK STATE OF OPPORTUNITY. State Liquor Authority

OFFICE USE ONLY
○ Original ○ Amended Date _____

Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice was Sent: 09/24/2019 1a. Delivered by: Personal Delivery with Proof of Receipt

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

◉ New Application ○ Renewal ○ Alteration ○ Corporate Change ○ Removal ○ Class Change ○ Method of Operation Change

For **New** applicants, answer each question below using all information known to date
For **Renewal** applicants, answer all questions
For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)
For **Corporate Change** applicants, attach a list of the current and proposed corporate principals
For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation
For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type
For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

CITY OF POUGHKEEPSIE CITY CHAMBERLAIN 2019 SEP 24 AM 10:24

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board: City of Poughkeepsie

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name: THAILICIOUS CATERING INC

6. Trade Name (if any):

7. Street Address of Establishment: 138 South Avenue, 1st Floor

8. City, Town or Village: Poughkeepsie , NY Zip Code: 12601

9. Business Telephone Number of Applicant/Licensee: (845) 309-2288

10. Business E-mail of Applicant/Licensee:

11. Type(s) of alcohol sold or to be sold: ○ Beer & Cider ◉ Wine, Beer & Cider ○ Liquor, Wine, Beer & Cider

12. Extent of Food Service:

◉ Full food menu; full kitchen run by a chef or cook ○ Menu meets legal minimum food availability requirements; food prep area at minimum

13. Type of Establishment: Restaurant (full kitchen and full menu required)

14. Method of Operation: (check all that apply)
☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☑ Recorded Music ☐ Karaoke
☐ Live Music (give details i.e., rock bands, acoustic, jazz, etc.):
☐ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel
☐ Other (specify):

15. Licensed Outdoor Area: (check all that apply)
☐ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
☐ Sidewalk Cafe ☐ Other (specify):

OFFICE USE ONLY
◯ Original ◯ Amended Date _____

16. List the floor(s) of the building that the establishment is located on: First/Main floor

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ◯ Yes ◉ No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ◉ Yes ◯ No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:

Name | Serial Number

21. Does the applicant or licensee own the building in which the establishment is located? ◯ Yes (if YES, SKIP 23-26) ◉ No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: 84 New Hackensack LLC

23. Building Owner's Street Address: 84 New Hackensack Road

24. City, Town or Village: Wappingers State: NY Zip Code: 12590

25. Business Telephone Number of Building Owner: (914) 456-2758

Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

26. Representative/Attorney's Full Name: Lorenzo L. Angelino, Esq.

27. Representative/Attorney's Street Address: 42 Catharine Street

28. City, Town or Village: Poughkeepsie State: NY Zip Code: 12601

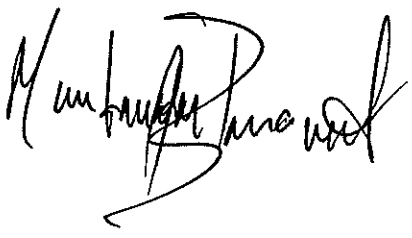
29. Business Telephone Number of Representative/Attorney: (845) 214-1133

30. Business E-mail Address of Representative/Attorney: langelino@angelinolaw.com

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: Muntanaporn Boisvert Title: President/Owner

Principal Signature: 

PLEASE PRINT OR TYPE FORM CLEARLY

NOTE: Claim must be filed with and served to the City Chamberlain in triplicate (3 copies) within 90 days after the claim arises. Use additional sheets if necessary.

NOTICE OF CLAIM
AGAINST
THE CITY OF POUGHKEEPSIE, NEW YORK

CITY OF POUGHKEEPSIE
CITY CHAMBERLAIN
2019 SEP 25 AM 8:38

TODAY'S DATE: 9/23/19

NAME AND ADDRESS OF EACH CLAIMANT:
Trevor Tatuszak
47 Worrall Ave.
Poughkeepsie, N.Y 12603

TELEPHONE NUMBER: 845-554-7686

NAME AND ADDRESS OF ATTORNEY (IF ANY):

DESCRIBE WHAT HAPPENED AND AMOUNT CLAIMED (PLEASE STATE DATE, TIME, LOCATION, AND MANNER IN WHICH CLAIM AROSE):
Car damage from road work. Incident occurred 9/13/19 at 6:00pm at 47 Worrall Ave. driveway entrance. Claiming $1000.00.

See attached letter and estimate invoice

ITEMS DAMAGED OR INJURIES SUSTAINED:
- Multiple repairs needed to bumper area (front)
- Radiator support
- Color tint/color match/plastic repair kit for bumper

See attached invoice for estimate

Trevor Tatuszak
Signature of Claimant

Trevor Tatuszak
Signature of Claimant

STATE OF NEW YORK, COUNTY OF Dutchess s.s.:

Trevor Tatuszak being duly sworn, say(s) that he/she is/are the claimant(s) named in the foregoing claim, that he/she has/have read the same and know(s) the contents thereof; that the same is true to his/her own knowledge, except as to the matters alleged upon information and belief and as to those items, he/she believes it to be true.

Trevor Tatuszak
Signature of Claimant

Trevor Tatuszak
Signature of Claimant

Sworn to before me this
23 day of September, 2019
Russell R Howitt
Notary Public

RUSSELL R. HOWITT JR.
Notary Public, State of New York
No. 01HO6329331
Qualified in Ulster County
Commission Expires August 24, 2023

NOTE: After submitting this form to the City Chamberlain, please direct any inquires to the Corporation Counsel at (845) 451-4065, Monday to Friday, 8:30 a.m. - 4:00 p.m.

To Whom It May Concern,

My name is Trevor Tatunczak and I am a resident of 47 Worrall Avenue. I'm filing a claim for the damages to my car in the amount of $1000.00. I'm including this letter in an attempt to elaborate more on the event for which I am filing this claim. On September 11th, 2019, the half of Worrall Avenue which I reside was dug up for paving. In the process, this left a sizable height difference between the road and the curb leading into my driveway. As a result, my car began to scrape horribly going both in and out of my driveway, regardless of how slow I went or how I angled my car to get into the driveway. My mother, Lisa Tatunczak, who also resides at 47 Worrall Avenue, called the Department of Public Works on the morning of Friday, September 13th, 2019. My mother expressed her concerns regarding not only my car, but also the large incline between the road and our driveway. She asked that the Department of Public Works send somebody to put down gravel or some alternative to temporarily fix this issue until the paving was done, which was said to be done by Monday, September 16th or Tuesday September 17th. My mother was assured that somebody would come by on the day that she called, which was Friday, September 13th. Later that day (still Friday September 13th) , when going into my driveway around 6pm, my car hit my driveway while attempting to enter it. In the process, a part of the subframe, which is underneath my car's front bumper, was detached from my car and it was unsafely dragging along the ground. Along with that part of the car coming off, there are parts of the undercarriage of the car that are no longer securely fastened to the car. The full extent of the damages can be seen on the invoice for the estimate. Attached to this claim, you

[over]

STOFAS COLLISION INC

6 NORTH CLINTON ST, FAC#R7120224,
POUGHKEEPSIE, NY 12601
Phone: (845) 452-7351
FAX: (845) 452-7384

Workfile ID: cfc89ec2
PartsShare: 5z2SKM

Estimate

RO Number:

Customer:
Tatunczak, Trevor
47 worrall ave
poughkeepsie, NY 12601

Insurance:

Adjuster:
Phone:
Claim:
Loss Date:
Deductible:

Estimator: Pat Bruno
Create Date: 9/20/2019

2007 HOND Civic Sedan LX Automatic 4D SED 4-1.8L Gasoline MPFI

VIN: 2HGFA16557H511727
License:
State:

Interior Color:
Exterior Color:
Production Date:

Mileage In:
Mileage Out:
Condition: Poor

Vehicle Out:
Job #:

Line	Ver	Operation	Description	Qty	Extended Price $	Part Type	Labor	Type	Paint
1	E01		**FRONT BUMPER**						
2	E01	Overhaul	O/H bumper assy			OEM	1.8T	Body	
3	E01	Repair	Bumper cover sedan DX, EX, LX, GX, EX-L				5.0T	Body	2.8T
4	E01		Add for Clear Coat						1.1T
5	E01	Remove/Replace	Bumper cover clip	8	24.80T	OEM			
6	E01		**RADIATOR SUPPORT**						
7	E01	Repair	Splash shield				0.5T	Body	
8	E01	Remove/Replace	Splash shield clip front	5	15.50T	OEM			
9	E01		**MISCELLANEOUS OPERATIONS**						
10	E01		Color tint / color match						0.5T
11	E01		plastic repair kit for bumper	1	45.00T	Other			

Estimate Totals	Discount $	Markup $	Rate $	Total Hours	Total $
Parts					85.30
Labor, Body			58.00	7.3	423.40
Labor, Refinish			58.00	4.4	255.20
Material, Paint			32.00	4.4	140.80
E.P.C.					3.50
Subtotal					**908.20**
Sales Tax					73.79
Grand Total					**981.99**
Net Total					**981.99**

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

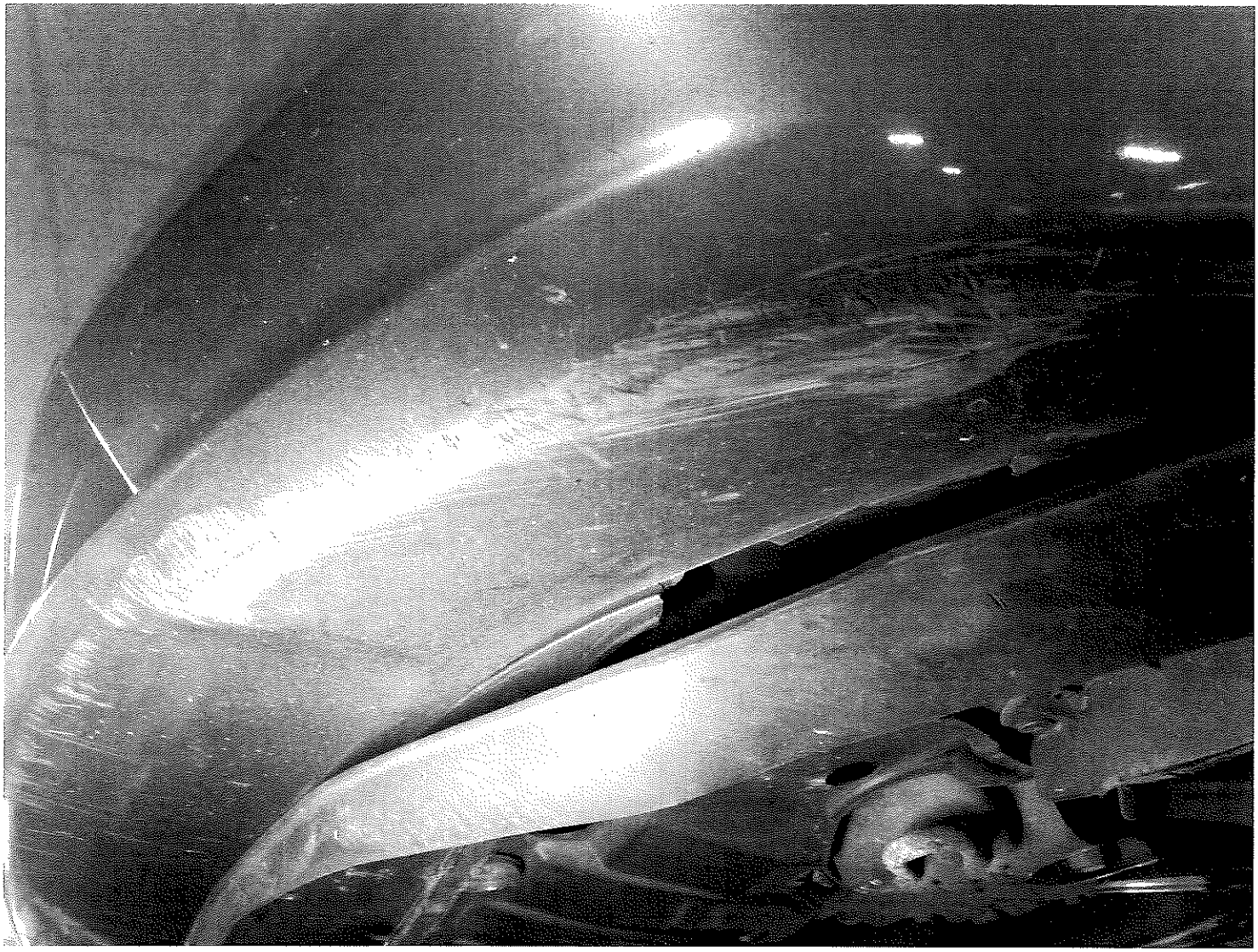
RO Number:

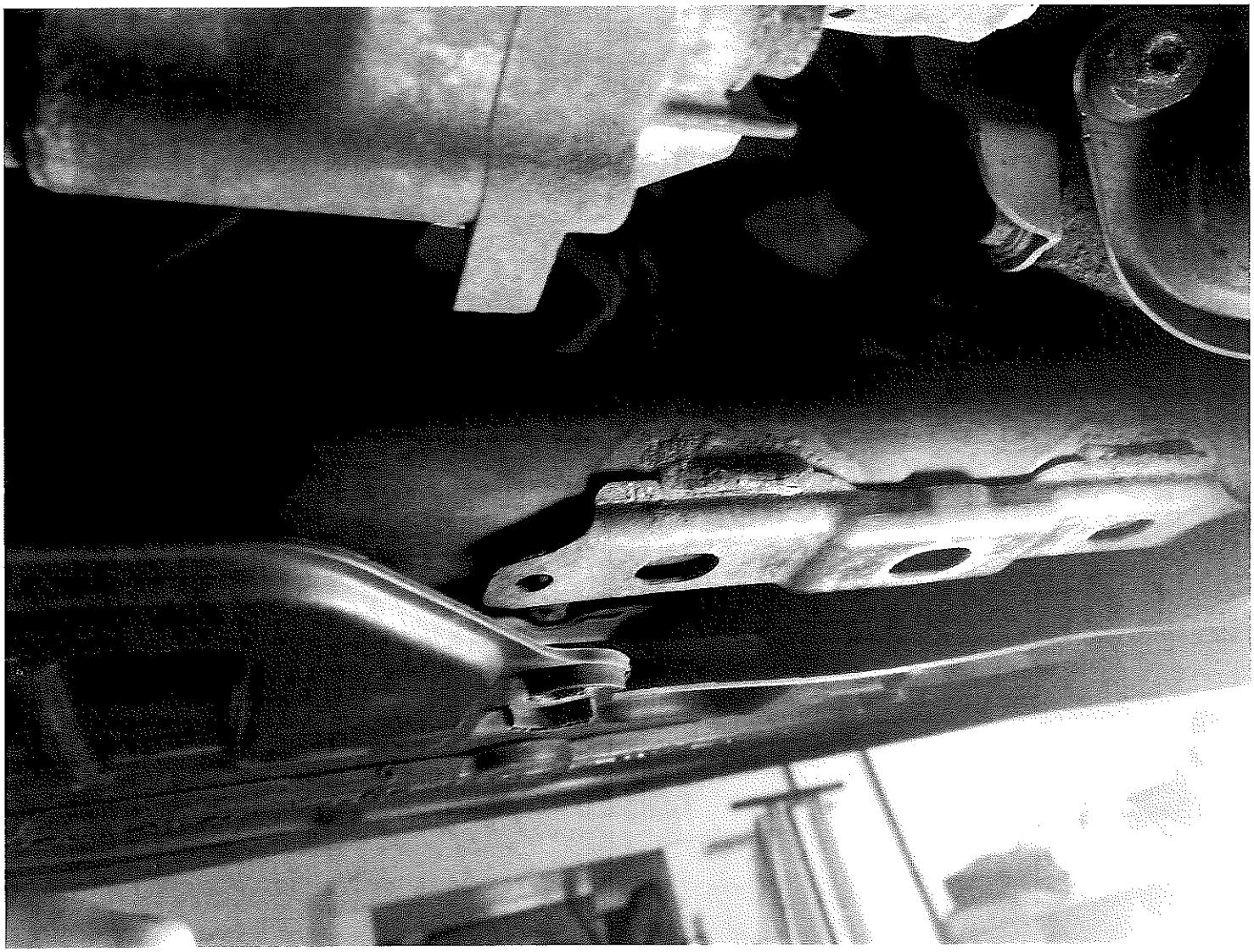
2007 HOND Civic Sedan LX Automatic 4D SED 4-1.8L Gasoline MPFI

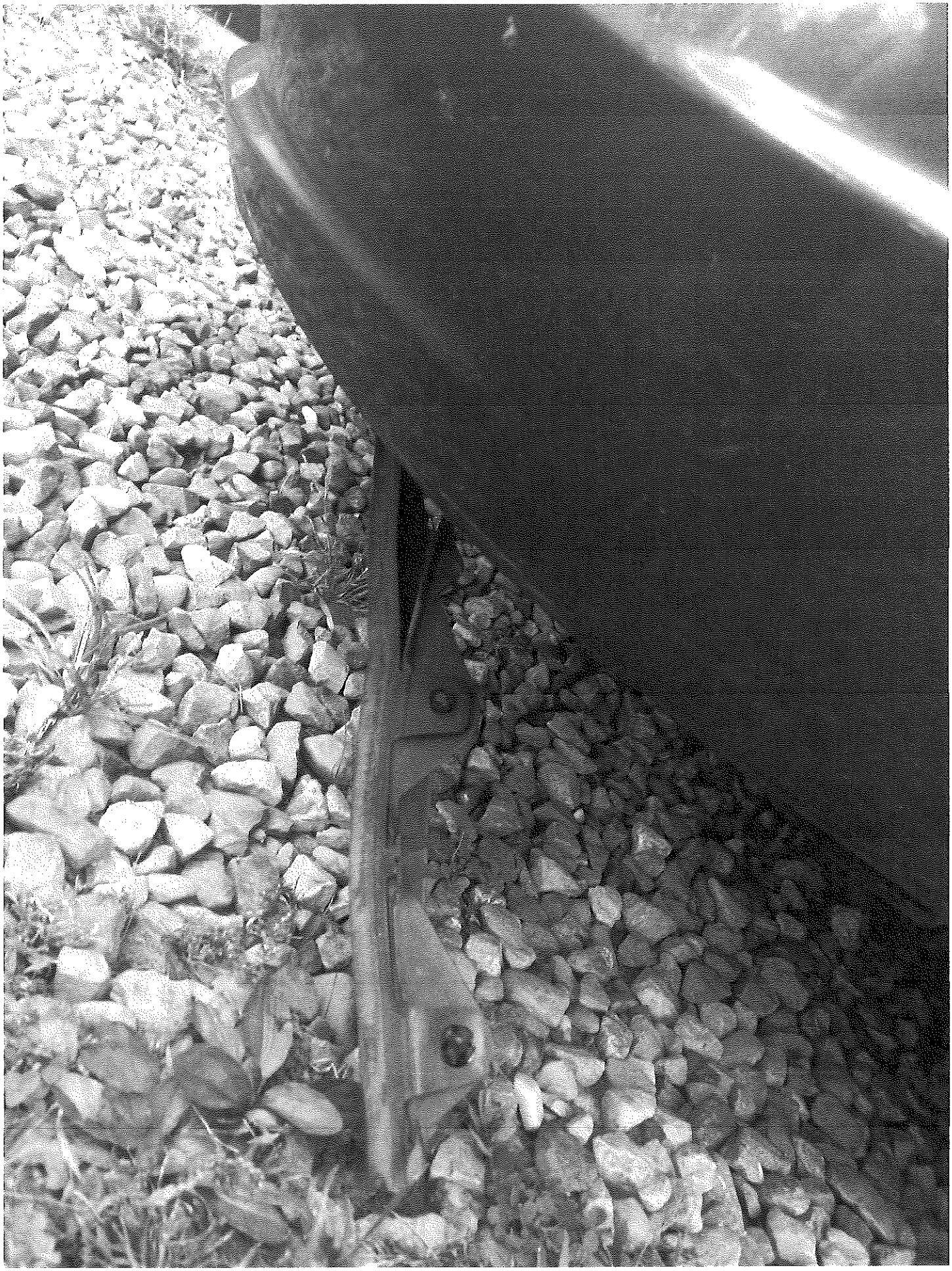
Estimate Version	Total $
Original	981.99

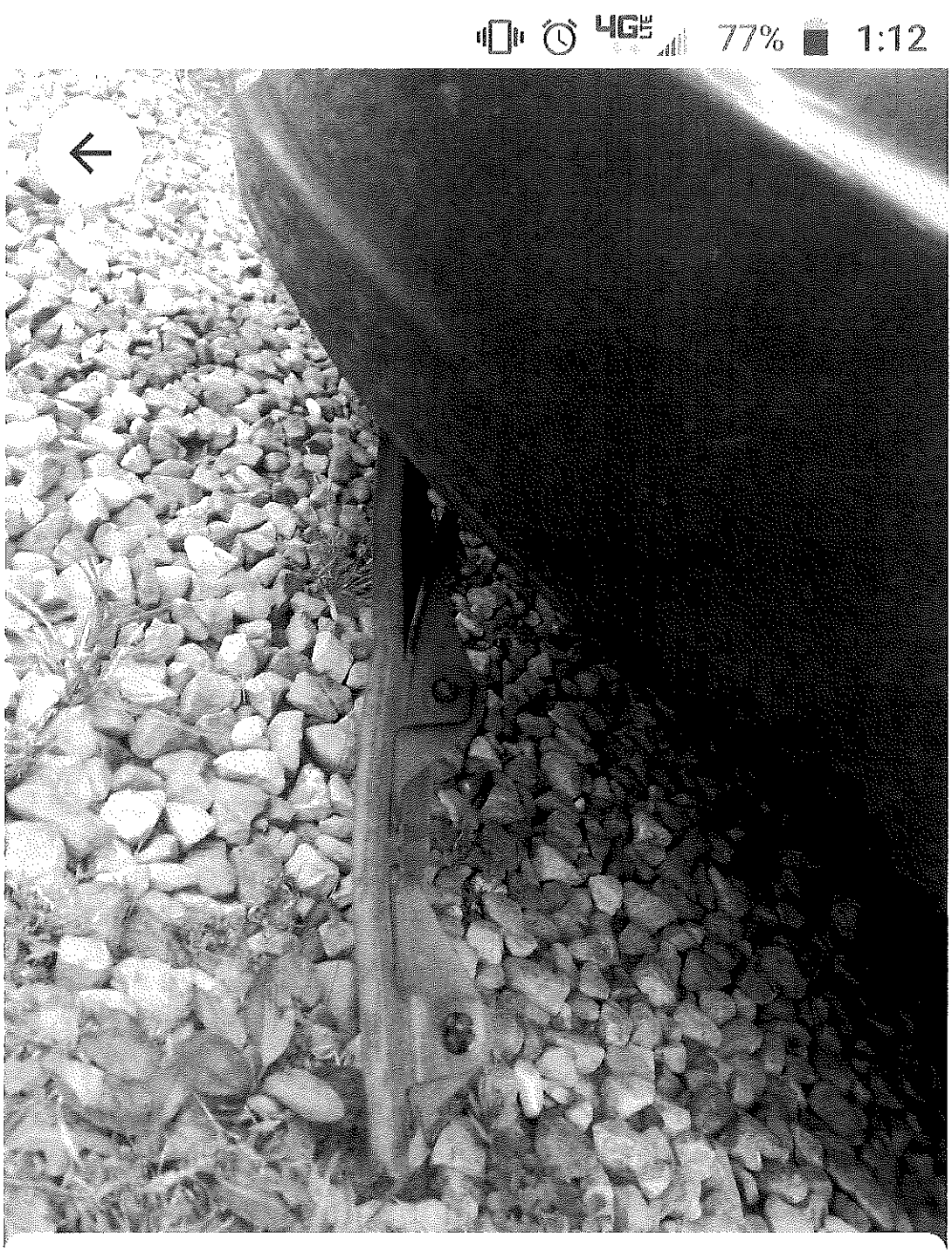
Insurance Total $:	981.99
Received from Insurance $:	0.00
Balance due from Insurance $:	981.99
Customer Total $:	0.00
Received from Customer $:	0.00
Balance due from Customer $:	0.00

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural



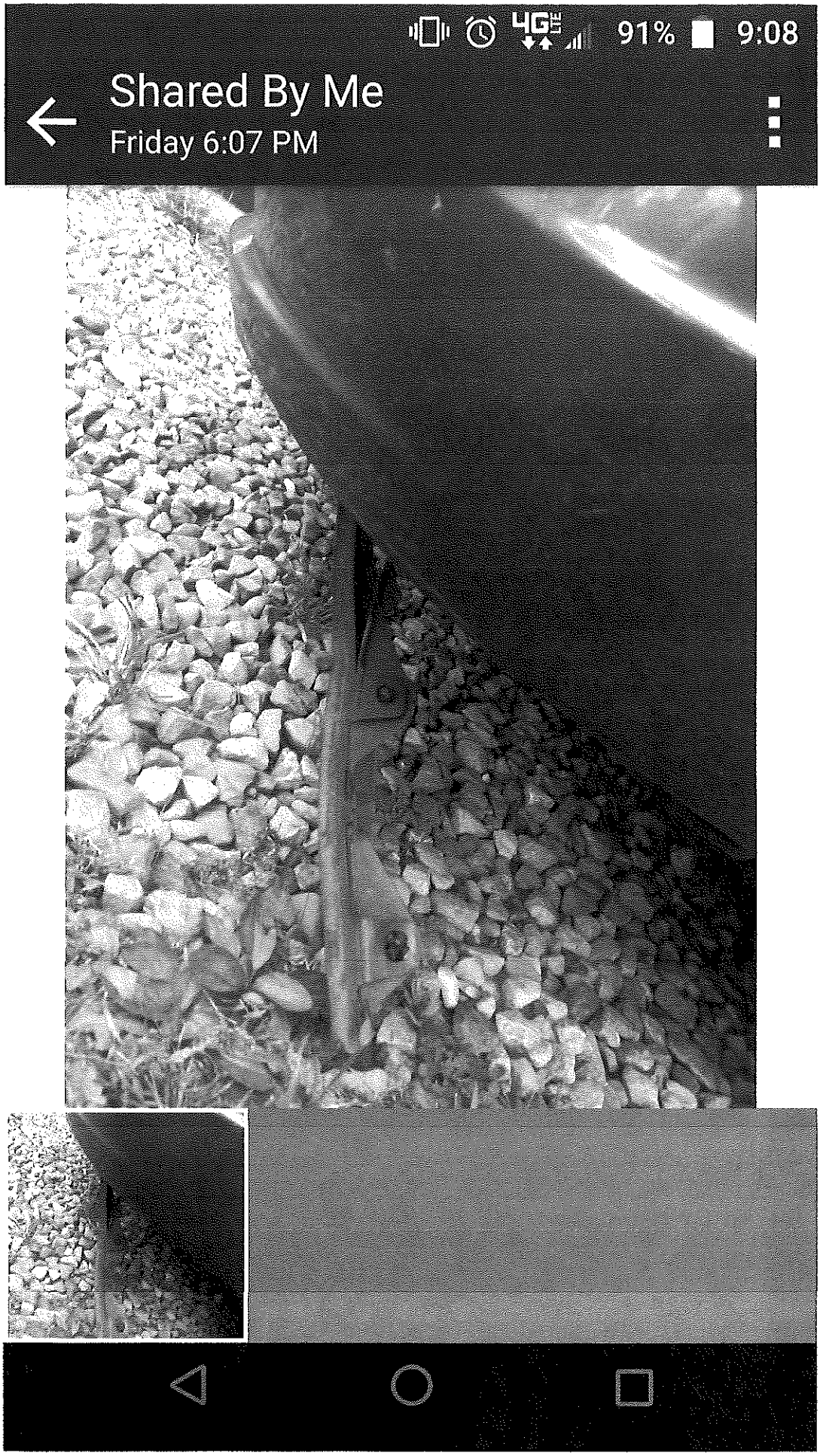


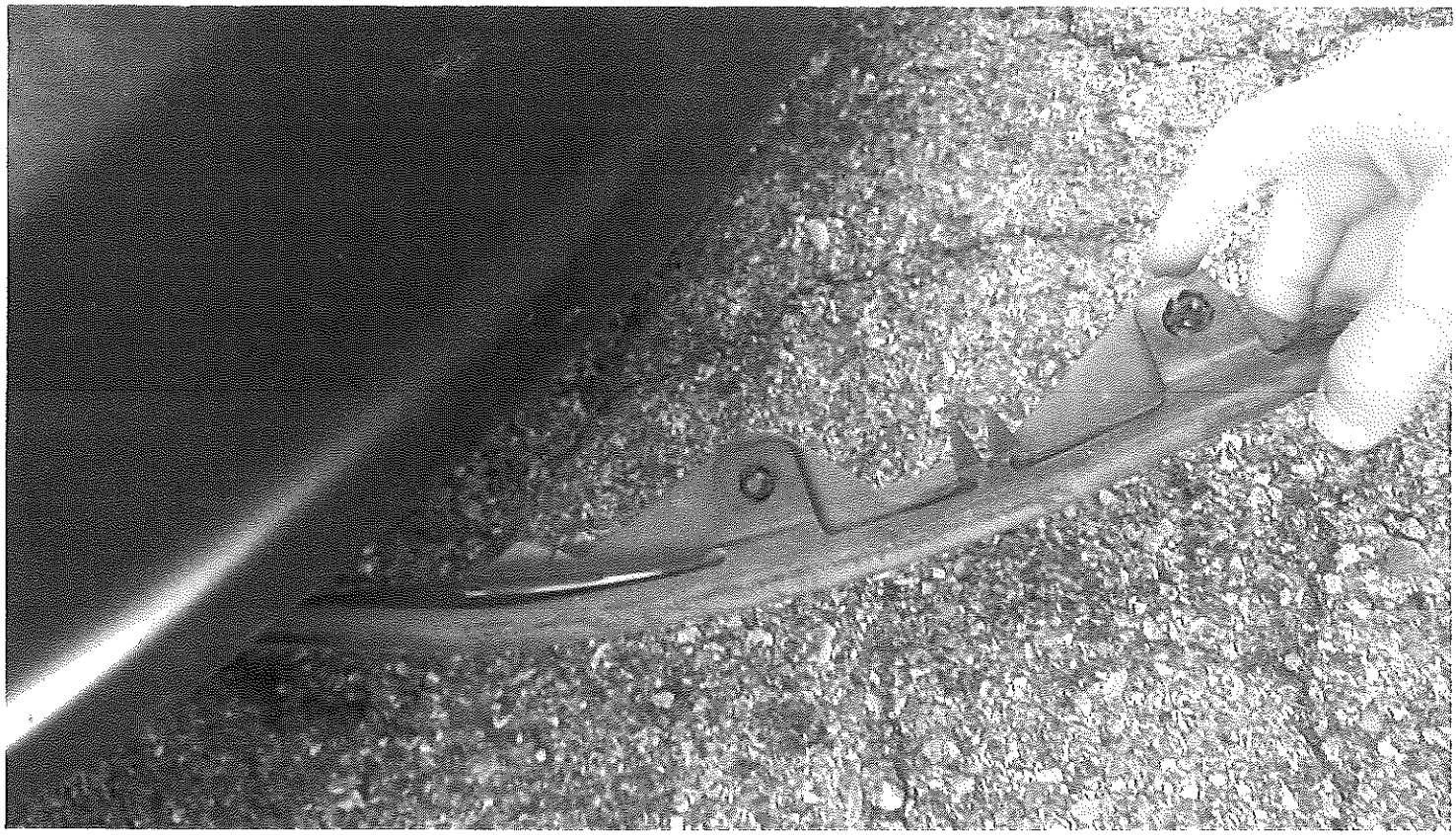




Add a description

September 13, 2019
Friday 6:02 PM


91%
9:08
Shared By Me
Friday 6:07 PM




98%
9:27
Shared By Trevor
Friday 6:00 PM