



# Poly Rock Septic Systems

## QUOTE / INVOICE

222-1540 KLO Road  
 Kelowna, BC V1W 3P6  
 250-863-8372

DATE: \_\_\_\_\_

Customer: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

Description	Amount
Find Tank	_____
Expose Tank and Outlet	included
Inspect Septic Tank	included
Supply and Supervise Installation of Effluent Filter	included
Risers and Lids	as required
Backfill and Cover Tank	included
Provide Maintenance Plan	included
Misc:	
Misc:	
<b>Pre-Tax Total</b>	*\$ _____
TAX (GST RT 859692568 )	
<b>TOTAL</b>	
Deposit	

Due after Completion

Comments or Special Instructions: \* \_\_\_\_\_

THANK YOU FOR YOUR BUSINESS!