

Muskogee Fence  
 114 E. Okmulgee  
 Muskogee, OK 74403 US  
 918-687-6432  
 muskogeeefence@muskogeeefence.com  
 www.muskogeeefence.com



# Estimate

ADDRESS  
 Muskogee Sheriff's Department

SHIP TO  
 Muskogee Sheriff's  
 Department

ESTIMATE # 2131  
 DATE 01/15/2025

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Installation	Replace 8' gate with barbed and razor wire with 6' arm toprail, 1 wheel carrier , flatstrap attached to bottom	1	2,600.00	2,600.00
	Installation	Access the gate and replace a chain	1	200.00	200.00
	Installation	If the operator needs to be replaced it , but not sure until we look	1	5,000.00	5,000.00

.....

SUBTOTAL	7,800.00
TAX	0.00
<b>TOTAL</b>	<b>\$7,800.00</b>

Accepted By

Accepted Date

**E-MAILED**  
 1/21 9:50a  
 Andy  
 Kumber



218 day of Jan 2025  
 Chairman \_\_\_\_\_  
 Member \_\_\_\_\_  
 Member \_\_\_\_\_  
 Attest \_\_\_\_\_  
 County Clerk

Driver Terry Joe Hill 1-501-977-3530  
Heath Davenport owner 1-870-404-3413

USA ARKANSAS COMMERCIAL DRIVER'S LICENSE NOT FOR FEDERAL ID

CLASS A

4c DLN 926972400 3a DOB 02/13/1964

1 HILL  
2 TERRY JOE

6 116 HICKORY LOOP  
MORRILTON, AR 72110-9056



4a ISS 04/21/2023 4b EXP 02/13/2028

15 SEX M 16 HGT 5'-09" 18 EYES BRO

9a END NONE  
12 RESTR B

3 DD 98058496 1501

*Terry Joe Hill*





**ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION  
OFFICE OF MOTOR VEHICLE  
IRP UNIT**

P. O. Box 8091 \* Little Rock, AR 72203 \* (501) 682-4653  
www.amcs.arkansas.gov

**APPORTIONED REGISTRATION CAB CARD**

**EFFECTIVE DATE: 04/01/2024**

**EXPIRATION DATE: 03/31/2025**

**REGISTRANT INFORMATION**

HMD INC  
P O BOX 424  
YELLVILLE, AR 72687

HMD INC  
131 MC 6088  
YELLVILLE, AR 72687

**ACCOUNT NO.** 70185  
**DBA** HMD INC

**FLEET NO.** 2

**SUPPLEMENT NO.** 000

The vehicle described below has been proportionally registered between the State of Arkansas and the following jurisdictions at the weights shown below:

**VEHICLE INFORMATION**

**UNIT NO:** 17

**YEAR:** 2022

**COMBINED WEIGHT:** 80,000

**OWNER:** HMD INC

**VIN:** 1XPBD49X0ND778768

**MAKE:** PTRB

**UNLADEN WEIGHT:** 17,500

**PLATE NO:** K823846

**FUEL:** D

**AXLES:** 3 **SEATS:**

**TITLE NO:** 761013642713

JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT
AR	80,000	AL	80,000	AZ	80,000	CA	80,000	CO	80,000
CT	80,000	DC	80,000	DE	80,000	FL	80,000	GA	80,000
IA	80,000	ID	80,000	IL	80,000	IN	80,000	KS	80,000
KY	80,000	LA	80,000	MA	80,000	MD	80,000	ME	80,000
MI	80,000	MN	80,000	MO	80,000	MS	80,000	MT	80,000
NC	80,000	ND	80,000	NE	80,000	NH	80,000	NJ	80,000
NM	80,000	NV	80,000	NY	80,000	OH	80,000	OK	80,000
OR	80,000	PA	80,000	RI	80,000	SC	80,000	SD	80,000
TN	80,000	TX	80,000	UT	80,000	VA	80,000	VT	80,000
WA	80,000	WI	80,000	WV	80,000	WY	80,000	AB	36,287
BC	36,287	MB	36,287	NB	36,287	NL	36,287	NS	36,287
ON	36,287	PE	36,287	QC	6 AXL	SK	36,287	**	****

It is the registrant's responsibility to ensure that the information listed on the IRP cab card is correct.

The original paper apportioned registration cab card, a legible paper copy or a legible electronic image must be presented on demand, for inspection by law enforcement officers.

**CARRIER RESPONSIBLE FOR SAFETY**

USDOT: 000777528

HMD INC

PO BOX 424

YELLVILLE, AR 72687



**ARKANSAS PROOF OF INSURANCE CARD**

COMPANY NAIC NUMBER      COMPANY NAME AND ADDRESS       COMMERCIAL       PERSONAL

Berkley Casualty Company

COMPANY PHONE NUMBER

POLICY NUMBER  
7801836

EFFECTIVE DATE  
07/16/2024

EXPIRATION DATE  
07/16/2025

YEAR      MAKE/MODEL  
2022      PETERBILT

VEHICLE IDENTIFICATION NUMBER  
1XPD49X0ND778768

AGENCY ISSUING CARD  
FARRIS EVANS INSURANCE AGENCY

MEMPHIS      , TN      38104

AGENCY PHONE NUMBER      901-274-5424

INSURED NAME AND ADDRESS

HMD INC  
131 MC 6088  
YELLVILLE, AR 72667

*Truck #17*

SEE IMPORTANT NOTICE AND EXCLUDED DRIVERS ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

NAMES OF EXCLUDED DRIVERS:

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## Melissa Lee

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**From:** GREG MARTIN <gmartin@muskogeeso.org>  
**Sent:** Wednesday, January 15, 2025 3:33 PM  
**To:** Melissa Lee  
**Subject:** Fw:

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**From:** Greg Martin <cowboy531@hotmail.com>  
**Sent:** Wednesday, January 15, 2025 3:32:30 PM  
**To:** GREG MARTIN <gmartin@muskogeeso.org>  
**Subject:**



















