From: Custom Security
To: [redacted]
Subject: Custom Security = Invoice #34607
Date: Monday, June 24, 2024 5:33:18 PM

Hampton Lake Community Association:

Summary of Invoice #34607 for Service Call for Ticket #42597.

Remittance Information

Customer	Hampton Lake Community Association
Customer Number	2110
Invoice Number	34607
Invoice Date	6/24/2024
Due Date	**6/24/2024**
Invoice Balance Due	$1,776.00
Amount Enclosed	

Hampton Lake Community Association
PO Box 3278
Bluffton, SC 29910

Custom Security Specialists
PO Box 699
Bluffton, SC 29910

Invoice

Customer	Hampton Lake Community Association
Customer Number	2110
Invoice Number	34607
Invoice Date	6/24/2024
Due Date	6/24/2024

PO Number	
PAYMENTS APPLIED THRU	6/24/2024
Job/Service Ticket #	42597

CURRENT CHARGES

Qty	Description	Rate	Amount
Hampton Lake Flatwater Gate, Flatwater Drive, Bluffton, SC			
1	Replace arm added oil and reactivated gate	1,776.00	1,776.00
		Subtotal:	**1,776.00**
		Tax	0.00
		Payments/Credits Applied	(0.00)
		Invoice Balance Due:	**$1,776.00**

IMPORTANT MESSAGES

5/17 Inspected and found barrier arm needs replaced, replaced arm. 5/23/24 ABDI was called found their control panl maing gae go up and down.

1220.00.Billbacks

Billed to Beaufort County Schools
Acct #9999996

Mail FR-10 to: SC Department of Motor Vehicles
Office of Financial Responsibility (803) 896-5000
PO Box 1498, Blythewood, SC 29016-0050

SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES FR-10 (REV 02/2019)
NOTICE OF REQUIREMENT

Submit Electronically: Agents or Company Representatives can submit your Insurance Information at WWW.SC-ALIR.COM

Date	Time	County	1 - Interstate 4 - Secondary 2 - US Primary 5 - County 3 - SC Primary 6 - PP	Collision Location (Rt # / Name)	On	Main Line 6 - Connection 2 - Alternate 7 - Business 5 - Spur	Miles:	Dir. N E S W	In Near City or Town of:
05-15-2024	0848	07		/ PP-20 FLATCREEK DR					BLUFFTON

To Vehicle Owner/ Operator

Failure to return this form to the Department of Motor Vehicles within 15 days from the date of the collision could result in the suspension of your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.

II-083657

Driver/Pedestrian's Full Name: BRONSON PAMELA THERESA

Unit #	Sex	Race	Street
01			[redacted]

#Occ	Birth Date	City, State & Zip
4	[redacted]	[redacted] SC [redacted]

State	Driver's License #	Insurance Company:
SC	[redacted] B	STATE FISCAL ACCOUNTABILITY

Year	Body	Vehicle Make	VIN #
2021	BU	THMS	4UZABRFB5MCMP0410

State	Year	License Plate #	Owner's D.L. #
SC	2099	24884SG	NONE

Home Telephone	Owner's Full Name
[redacted]	SC DEPT OF EDU

Bus. Telephone	Street
[redacted]	1429 SENATE STREET RM 212C

Contributed To Collision	City, State, & Zip
Yes No	COLUMBIA SC 29201

Driver/Pedestrian's Full Name:

Unit #	Sex	Race	Street

#Occ	Birth Date	City, State, & Zip

State	Driver's License #	Insurance Company:

Year	Body	Vehicle Make	VIN #

All Units Insurance Information
(to be completed by Investigating Officer)

Accident Insurance Information for Unit # 01

Company Name	Area Code/Phone Number
STATE FISCAL ACCOUNTABILITY AUTHORIT	(800 ,9828667

Agency Name	Policy Number
STATE FISCAL ACCOUNTABILI	S110820024

State	Year	License Plate #	Owner's D.L. #

Home Telephone	Owner's Full Name
[redacted]	

Bus. Telephone	Street
[redacted]	

Contributed To Collision	City, State, & Zip
Yes No	

Accident Insurance Information for Unit #

Company Name	Area Code/Phone Number
	( )

Agency Name	Policy Number

Automobile Liability Insurance Information

Notice of Requirement Accepted → Signature

Y N Refused to Affix Signature?
Y N Vehicle Subject to Registration in SC?

To Be Completed Below or Entered at WWW.SC-ALIR.COM By Insurance Company representative. This form should not be mailed to DMV if insurance information has been submitted electronically

Reference to Unit #: _____ I here by affirm that to the best of my knowledge the vehicle described above was insured by the below stated insurance company on the date of the collision.

The information as contained herein is based solely upon my knowledge and belief as a representative of the above insurance company and no warranty of liability is imputed into the above mentioned insurance as I have listed herein

Insurance Company	Policy #:	Signature	Title

Beginning Date / Ending Date	Policy Holder	NAIC# (Assigned by S.C. Dept. of Ins.)	Bus. Telephone
			( )

Notice: If liability insurance was not in effect for your vehicle involved in the collision, the Department of Motor Vehicles could suspend your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.

If any of the below are applicable, Disregard the above portion.

Form FR-10 Not Issued: Section 56-10-520

☐ Check here if a Form SR-23, Fleet policy of 25 or more vehicles is on file with the Department of Motor Vehicles covering the vehicle

☐ Check here if a certificate of self-insurance has been issued by the Department of Motor Vehicles covering the vehicle and indicate the certificate number: SI - _____

☐ Check here if liability insurance was not in [illegible] comply with South Carolina statutory

Signature | Date

No FR-10 Issued to Operator/ Owner of Unit #: _____

Summons Issued to:

For operating or allowing the operation of an uninsured vehicle

Summons Number:

Signature