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*Official signed contract documents are on file with OMES Central Purchasing.*

**Contract title:** Ground Maintenance equip & services.

**Contract Number:** SW0196TU

**Date of Contract issuance:** 02/08/2023

**Contract period:** 02/08/2023 through 02/07/2024

**Agreement period:** 02/08/2023 through 02/07/2028

**Type of contract:** Mandatory ☒ Non-Mandatory ☐

**OMES Central Purchasing contact:** Cini Zacharia, CPOII

**Title:** Contracting Officer II

**Phone:** (405) - 522 - 9078

**Email:** [Cini.zacharia@omes.ok.gov](mailto:Cini.zacharia@omes.ok.gov)

**Supplier name:** TEXOMA UTILITY

EQUIPMENT INC

**Contract ID #:**

**0-6814**

**Supplier ID #:**0000233412

**Supplier Point of Contact:**KYLE RICHADRSON

**Supplier Address:** 3527 N

WASHINGTON AVE

**State:** OK

**Zip Code:**74701-1640

**Email:**  
KYLE@TEXOMAUTILITY.COM

**City:** Durant

**Phone:** 580-924-9142 OPT:2

**Contract Overview:**

**This Statewide Contract resulted from the Solicitation #0900000552 for  
SW0196JT, Ground Maintenance equipment & services.**

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**Authorized Users:** All state departments, boards, commissions, agencies, and institutions, in  
Addition to counties, school districts and municipalities which may avail themselves of this  
contract.

**How to order:**

- 1. For product and pricing information review awarded contract documents “Attachment Named  
Exhibit#3&4 Pricing”.**
  - 2. Request a quote from the supplier or any approved authorized dealer listed below. All quotes  
must reference SW0196JT**
  - 3. Generate a purchase order made payable to the desired supplier. You must reference the  
statewide  
contract number SW0196JT on your purchase order by attaching the PeopleSoft  
Contract.**
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- 4. Email your purchase order to the designated supplier sales representative**
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**Available Brands: JENSEN TRACTOR RANCH  
INC**

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**Available Products and Services:**

**Ground Maintenance equip & services.**

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**Authorized Dealer/Reseller(s):**

**Supplier name:** NA

**Supplier ID #:**

**Contract ID #:**

**Supplier Point of Contact:**

**Supplier address:**

**City:**

**State:**

**Zip Code:**

**-**

**Phone #: 1 - - -**

**Email:**

**Supplier name:**

**Supplier ID #:**

**Contract ID #:**

**Supplier Point of Contact:**

**Supplier address:**

**City:**

**State:**

**Zip Code:**

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**Phone #:** 1 - - -

**Email:**