



To: _____ **From: Public Works Road Operations**

Fax: _____ **Phone :** **(352) 253-4980**

Phone: _____ **Pages: 1**

Re: Sod Installation _____

REQUEST FOR SOD INSTALLED

Install Date Requested: _____

Deliver to: 31415 CR 435 (3-3888-03)

Section:29 Town: 19 Range:28

Directions to Delivery Point: _____

Type of sod:Bahia Quantity : 4,000 sq ft

Notes: _____

Prior to performance of work, questions concerning the measurements shall be addressed and agreed upon in writing either by the Maintenance Area Supervisor or the Senior Contracting Officer. No work shall be done without an agreement. Please send invoice to the address listed below.

Please Contact us if there is a different quantity needed than what was ordered.

County Representative: _____

Date:

Work completed and OK to Pay, Yes <input type="checkbox"/> No <input type="checkbox"/>
Invoice #
Inspected by : _____ Date: _____

Request Details Report

Request Number MA3-7095-R **Associated Work Order** OSC-1008-WO **Observed Date/Time** 3/5/10 8:06:A

Citizen Information

Name	Phone	Ext.
Address	Alternate Phone	
	Email Address	

Organization

Requestor Lake County Public Works
Contact

Issue and Location

Activity	Issue	Drainage
	Map Page	Section

OSC Sod Installation

Address Number 31415

Route CR 435 (3888)

Intersect Route

Details

Request for contract sod installation.

Notes

See MA3-6964-R (Original Request) and OSC-1007-WO (OSC Pipe Cleaning) as well as MA3-10709-WO for work done by Maintenance Area.

History

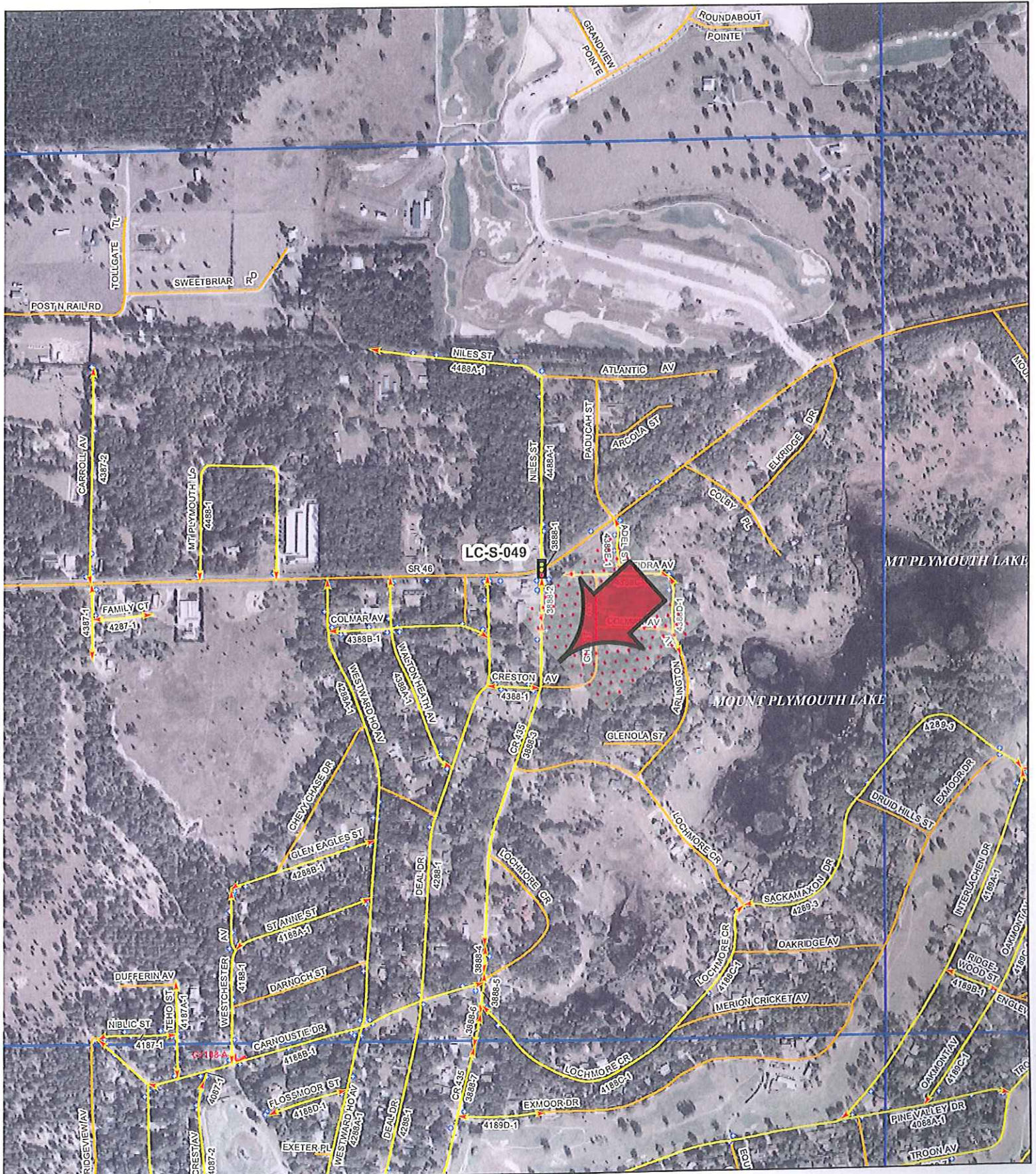
Resolution _____

Request Response Date 03/05/2010 _____

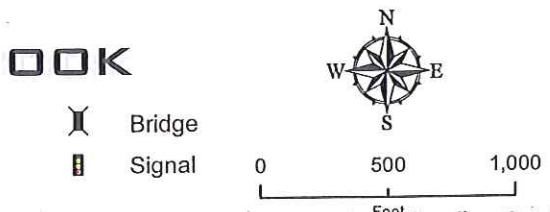
Date _____

Time Arrived _____

Time Departed _____



LC-S-049



Maint Area



Sections

24	19	20	21
25	30	29	28
36	31	32	33

T19S - R28E
 Map Page
 19b-2930

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