



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

Fax: _____ **Phone :** (352) 343-6439

Phone: _____ **Pages:** 1

Re: Sod Installation _____

REQUEST FOR SOD INSTALLED

Install Date Requested: _____ **Road Segment #** 3-3888-03

Delivery address: _____

Section: 29 **Town:** 19 **Range:** 28

Directions to Delivery Point: _____

Type of sod: Bahia **Quantity :** 4,400

Notes: *Start/stop points are marked with pink paint. Please give us a day's notice before the installation so that we can prep the area.*

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
MA3-9893-R

Associated Work Order

Observed Date/Time
8/17/12 3:28:P

Citizen Information

Name Scott Vaughn

Phone (352) 551-0011 Ext.

Address 31314
Arlington Av
Sorrento FL

Alternate Phone

Email Address

Organization

Requestor

Contact

Issue and Location

Activity

CLY Repair Clay Road

Address Number

Route CR 435 (3888)

Intersect Route Lochmore Cr

Issue

Map Page

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Drainage

Section

29

Details

Citizen reports that the repair that we recently did has made the situation worse. He says that clay is sloppy and is washing down the road. He says that when it rains, the road is like a waterfall.

For work done by Maintenance Area, see MA3-16021-WO.

Notes

History

8/17/2012 Request has been printed and given to the Supervisor. Wall, Treeva

9/17/2012 Contract sod installation requested. Lee, Steven

Resolution _____

Request Response Date 08/17/2012 _____

Date _____

Time Arrived _____

Time Departed _____

