



LAKE COUNTY
FLORIDA

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 # 3-6143-08,09,10**

Delivery address: _____

Section: 34 Town: 18 Range: 26

Directions to Delivery Point: _____

Type of sod: Bahia Quantity : 19,500

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 Associated Work Order Observed Date/Time
MA3-9554-R MA3-15384-WO 5/15/12 12:49:P

Citizen Information

Name	Phone	Ext.
Address	Alternate Phone	
	Email Address	

Organization

Requestor Lake County Public Works
Contact

Issue and Location

Activity	Issue	Shoulder
SHD Cut Shoulder	Map Page	Section

Address Number
Route CR 44 (6143)

Intersect Route

Details

Supervisor Directed - cut shoulders on 44 from 19A to 452.

Notes

History

5/15/2012 Request has been printed and given to the Supervisor. Wall, Treeva

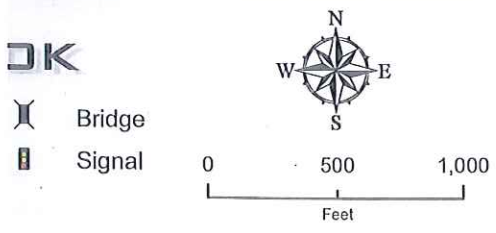
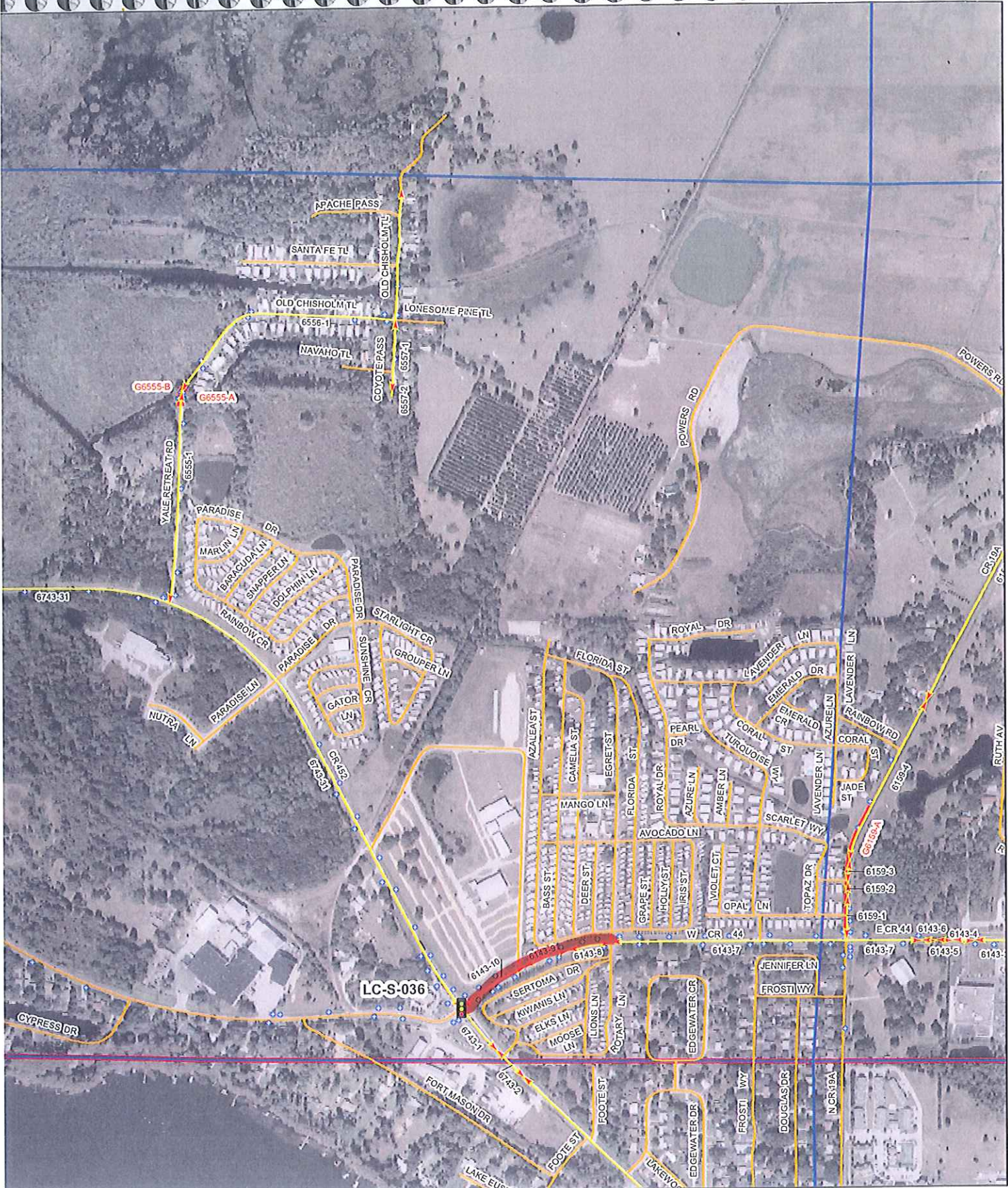
Resolution _____

Request Response Date 05/15/2012 _____

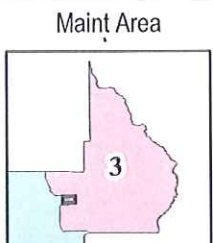
Date _____

Time Arrived _____

Time Departed _____



- DK
- Bridge
- Signal



Sections

29	28	27	26
32	33	34	35
5	4	3	2

T18S - R26E	Page 128
Map Page	
11b-3334	