



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 # 3-6172-03**

Delivery address: 36149 Clear Lake Dr

Section: 31 Town: 18 Range: 27

Directions to Delivery Point: _____

Type of sod: Bahia Quantity : 2,400 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 Associated Work Order Observed Date/Time
MA3-9970-R MA3-16157-WO 8/28/12 3:30:P

Citizen Information

Name Tina Marino Phone (352) 589-4319 Ext.
Address 36149 Alternate Phone
 Clear Lake Dr (6172) Email Address
 Eustis FL

Organization

Requestor

Contact

Issue and Location

Activity **Issue** **Drainage**
Address Number **Map Page** **Section**

DRN Swale Restoration

Address Number

Route Clear Lake Dr (6172)

Intersect Route

Details

Neighbor has filled in the swale, and now they are flooding.

Notes

History

8/28/2012 Request has been printed and given to the Supervisor. Wall, Treeva

9/20/2012 Contract sod installation requested. Lee, Steven

Resolution _____

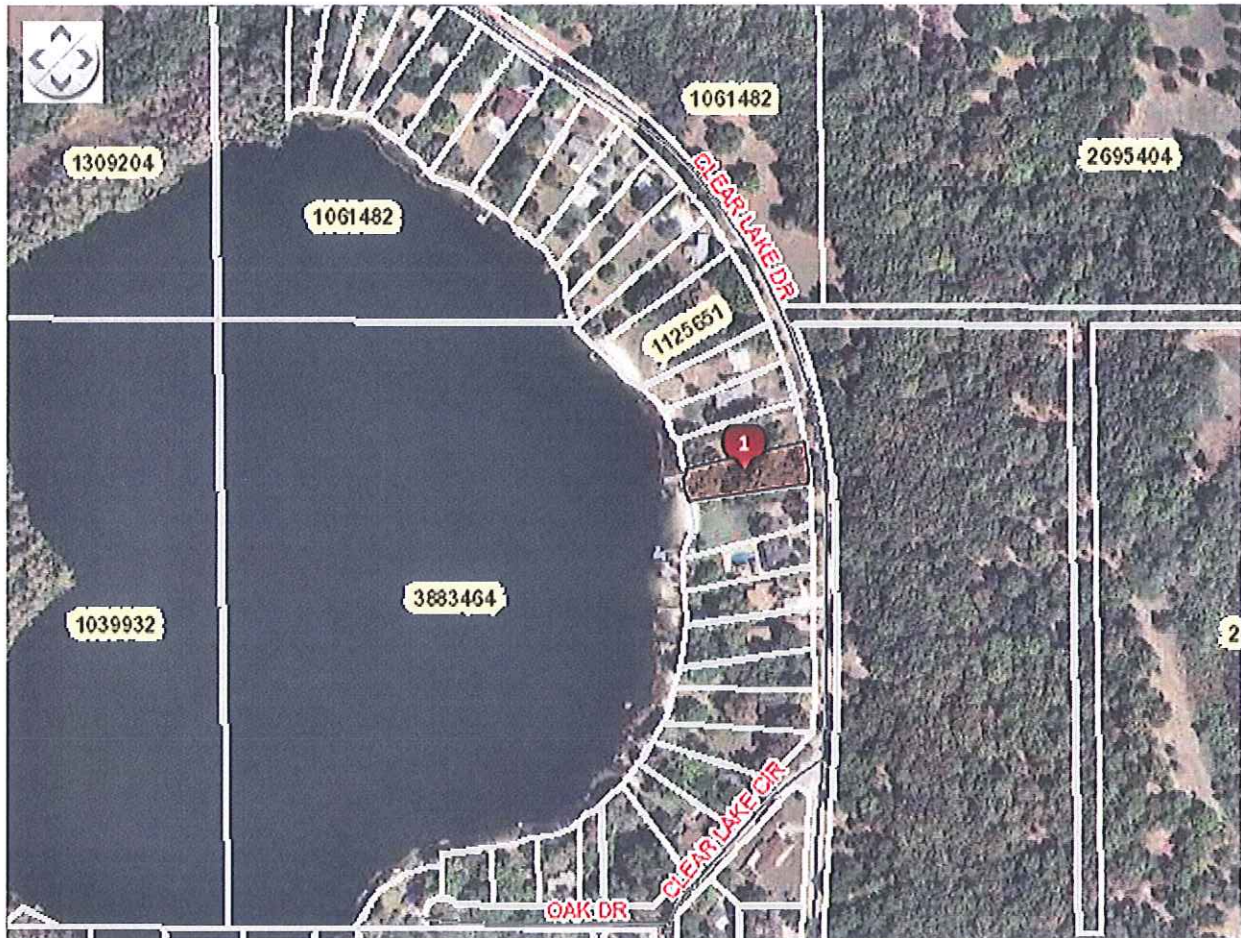
Request Response Date 08/28/2012 _____

Date _____

Time Arrived _____

Time Departed _____

[Click here to change page title](#)



#	Alt Key	Owner	Parcel Address	Owner Address	Tools
1	1417481	MARINO RENEE M	36149 CLEAR LAKE DR EUSTIS FL 32736	36149 CLEAR LAKE DR EUSTIS, FL 32736	Zoom In