



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

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

Phone: _____ **Pages: 1**

Re: Sod Installation _____

REQUEST FOR SOD INSTALLED

Install Date Requested: ASAP Road Seg. #: 3-9080C-01

Delivery address: Bear Claw Rd @ Canvas Back Rd

Section: 04 Town: 17 Range: 27

Directions to Delivery Point:

Type of sod: St Augustine Quantity: 1,800 sq ft

Notes: *Start and Stop points are marked.*

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:

S.L.

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

Request Details Report

Request Number MA3-12292-R Associated Work Order MA3-20336-WO Observed Date/Time 7/18/14 8:44:A

Citizen Information

Name _____ Phone _____ Ext. _____
Address _____ Alternate Phone _____
Email Address _____

Organization

Requestor Lake County Public Works
Contact Hicks, Chris

Issue and Location

Activity _____ Issue _____ Drainage _____
Map Page _____ SEC TWN RNG _____

DRN Swale Restoration

Address Number _____

Route Bear Claw Rd (9080C)

Intersect Route _____

Details _____

Need to dig a swale at the end of the road.

Notes

History

8/14/2014 Contract sod installation requested. Lee, Steven

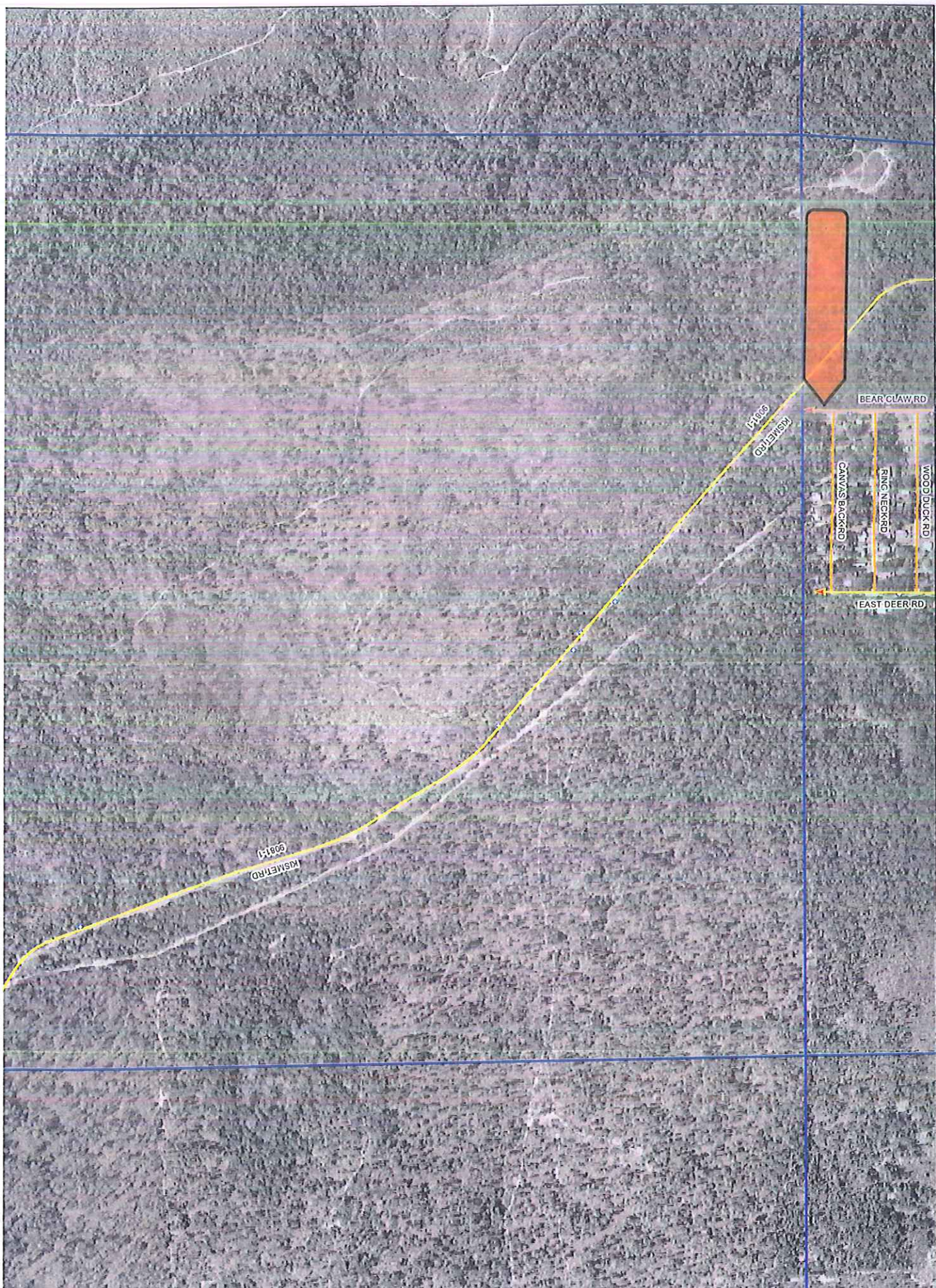
Resolution _____

Request Response Date 07/18/2014 _____

Date _____

Time Arrived _____

Time Departed _____



KOSMET RD
9081-1

141989
GLENVIEW



BEAR CLAW RD

CANVAS BACK RD

RING NECK RD

WOOD DUCK RD

EAST DEER RD

