



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 Seg. #: 3-9887-01

Delivery address: 23712 West Otter Rd

Section: 24 Town: 15 Range: 27

Directions to Delivery Point:

Type of sod: Bahia and St Augustine Quantity: Bahia: 4,500 sq ft; St Aug: 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.

sw **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
MA3-11721-R

Associated Work Order
MA3-19666-WO

Observed Date/Time
2/28/14 2:11:P

Citizen Information

Name Calvin Franks
Address 23712
West Otter Rd (9887)
Astor FL

Phone (352) 759-3233 Ext.
Alternate Phone
Email Address

Organization

Requestor
Contact

Issue and Location

Activity DRN Pipe Replace/Repair
Address Number 23712

Issue	Drainage		
Map Page	SEC	TWN	RNG
20	24	15	27

Route West Otter Rd (9887)

Intersect Route

Details

Citizen reports that, since the road was repaved and raised 2 inches, water pools in his yard and driveway.

Notes

History

4/15/2014 Contract sod installation requested.

Lee, Steven

Resolution _____

Request Response Date 02/28/2014

Date _____
Time Arrived _____
Time Departed _____

[Click here to change page title](#)



#	Alt Key	Owner	Parcel Address	Owner Address	Tools
1	1515220	FRANKS CALVIN & MARY	23712 WEST OTTER RD ASTOR FL 32102	23712 W OTTER RD ASTOR, FL 32102	Zoom In