



**To** \_\_\_\_\_ **From: Public Works Road Operations**

**Fax:** \_\_\_\_\_ **Phone :** (352) 343-6439

**Phone:** \_\_\_\_\_ **Pages:** 1

**Re: Sod Installation** \_\_\_\_\_

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**REQUEST FOR SOD INSTALLED**

**Install Date Requested:** \_\_\_\_\_ **Road Segment #** 3-5154-14

**Delivery address: From RR tracks to Bridge** - Lakeshore Dr.

**Section:** 11 **Town:** 19 **Range:** 26

**Directions to Delivery Point:** \_\_\_\_\_

**Type of sod:** Bahia **Quantity :** 8,000 sq ft

**Notes:** Stop/Start points marked with paint.

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:** \_\_\_\_\_

1  
S.L.  
**Work completed and OK to Pay, Yes**  **No**

**Invoice #**

**Inspected by :**

**Date:**

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Lake County Road Operations, Public Works 12901 County Landfill Road, Tavares.  
Mailing Address, PO Box 7800, Tavares Florida 32778,  
Phone Number: 352-343-6439 - Fax Number: 352-742-3888

3/20/09

# Request Details Report

Request Number MA3-12883-R      Associated Work Order MA3-21540-WO      Observed Date/Time 1/14/15 10:45:A

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## **Citizen Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
Address \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

## Organization

Requestor Lake County Public Works  
Contact Dean, Randy

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## **Issue and Location**

Activity \_\_\_\_\_ Issue \_\_\_\_\_ Drainage \_\_\_\_\_  
Map Page \_\_\_\_\_ SEC TWN RNG \_\_\_\_\_

DRN Swale Restoration

Address Number \_\_\_\_\_

Route Lakeshore Dr (5154)

Intersect Route \_\_\_\_\_

## Details

Dig swales from RR tracks to bridge, on the South side.

## Notes

For work done by Maintenance Area, see MA3-21540-WO.

## History

3/17/2015      Contract sod installation requested.      Lee, Steven

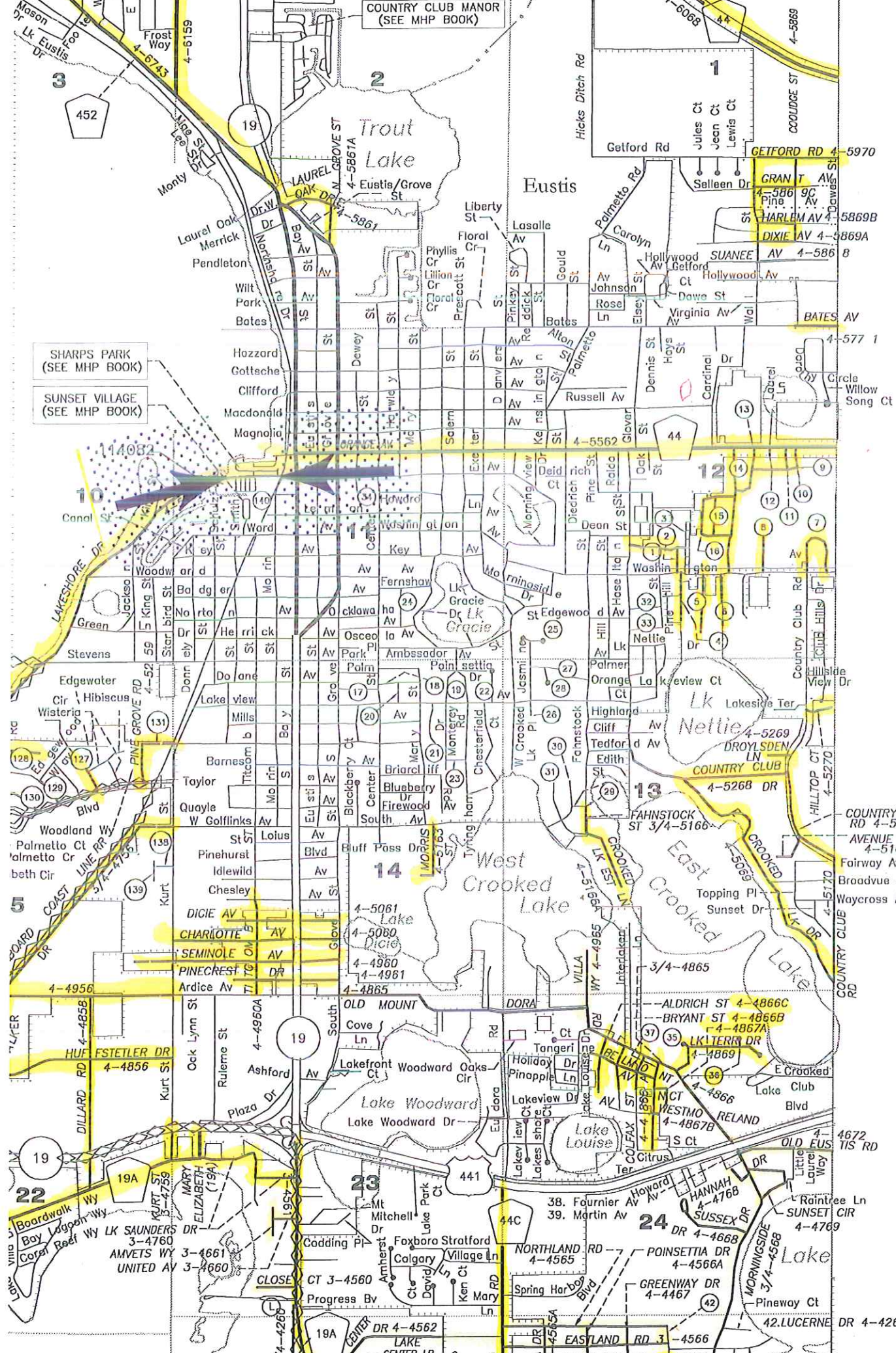
Resolution \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request Response Date 01/14/2015 \_\_\_\_\_

Date \_\_\_\_\_

Time Arrived \_\_\_\_\_

Time Departed \_\_\_\_\_



SHARPS PARK  
(SEE MHP BOOK)

SUNSET VILLAGE  
(SEE MHP BOOK)

T-19S (Continued on Page 18)

