



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 # 3-7483-12**

Delivery address: CR-439

Section: 23 Town: 18 Range: 27

Directions to Delivery Point: _____

Type of sod: bahia Quantity : 10,800 sq ft

Notes: Start/stop points marked with paint.

S.L.

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 No

Invoice #

Inspected by :

Date:

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

Request Details Report

Request Number MA3-12952-R **Associated Work Order** MA3-21663-WO **Observed Date/Time** 2/10/15 9:17:A

Citizen Information

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

Organization

Requestor Lake County Public Works
Contact Dean, Randy

Issue and Location

Activity	Issue	Shoulder		
	Map Page	SEC	TWN	RNG
SHD Restore Total Shoulder				
Address Number				
Route CR 439 (7483)				
Intersect Route BROOKSIDE DR				

Details

Shoulder restoration at intersection of 439 and Orlando Hills.

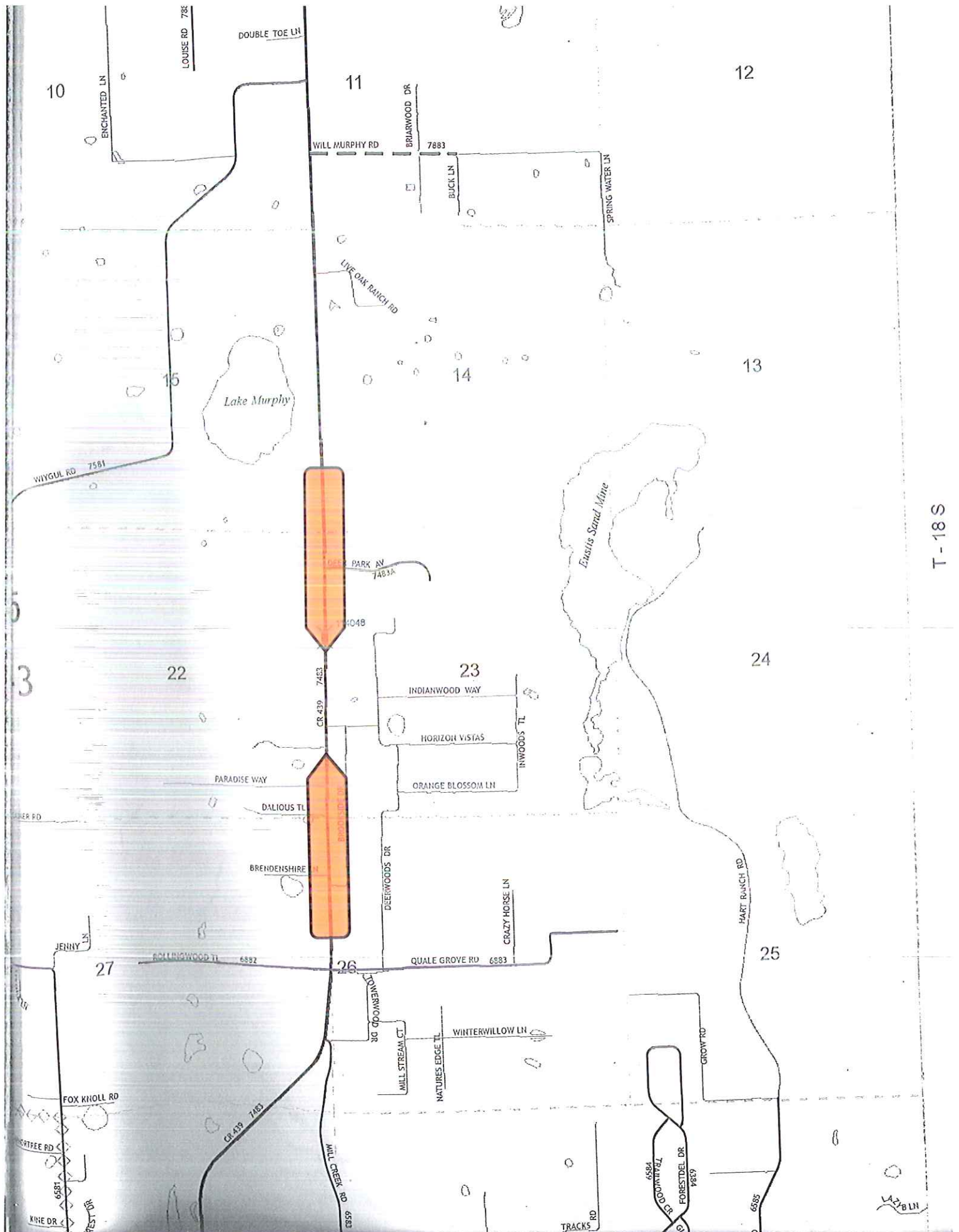
Notes

History

3/9/2015 Contract sod installation requested. Lee, Steven

Resolution _____

Request Response Date 02/10/2015 _____
Date _____
Time Arrived _____
Time Departed _____



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