



Date :

Subject: Project Order Form

Contract No. , Storm Drain System Cleaning and Video Inspections  
Purchase Order No.

Dear:

Please find below a request for services under the Storm Drain System Cleaning and Video Inspections, Contract No. . A description of the requested services and project specific information is listed below.

Any questions or discrepancies regarding the pipe size, length or amount of blockage must be addressed and agreed upon between the Contractor and the Project Manager prior to performing any work. Any work performed without agreement by all parties shall be paid in accordance with the terms and conditions of the Contract. Invoices should be sent to PO Box 7800, Attn: Road Operations, Tavares, FL 32778  
Pursuant to the Contract, all work shall begin within fourteen (14) calendar days from receipt of this notice. Please make sure to contact our office regarding the scheduling of this work.

**PIPE LOCATION:**

Request # \_\_\_\_\_ Segment Number: \_\_\_\_\_  
Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ City: \_\_\_\_\_  
Site Address: \_\_\_\_\_

**PIPE SPECIFICATIONS:**

Diameter: \_\_\_\_\_ Length: \_\_\_\_\_ Number of Manholes/Inlets: \_\_\_\_\_  
Percentage of Blockage: 10% or less \_\_\_\_\_ 11% - 30% \_\_\_\_\_ above 30% \_\_\_\_\_  
Dewater: \_\_\_\_\_ Y/N \_\_\_\_\_

**WORK DESCRIPTION:**

\_\_\_\_\_  
\_\_\_\_\_

Work Completed and OK to PAY: _____	Invoice No. _____
Inspected by _____	Date _____