

**Exhibit D  
Lake County Guardrail / Handrail Service Request Form**



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

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

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Pages:** \_\_\_\_\_

**Guardrail / Handrail Repair Service Request**

**WORK QUOTE REQUEST**

**Road Name:** \_\_\_\_\_ **Segment Number:** \_\_\_\_\_

**Guardrail Number:** \_\_\_\_\_

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

**Nearest City:** \_\_\_\_\_

**Section:** \_\_\_\_\_ **Township:** \_\_\_\_\_ **Range:** \_\_\_\_\_

**Length of damage if not an end:** \_\_\_\_\_

**Ends damaged? Yes**  **No**

**If yes, how many?** \_\_\_\_\_

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

**Questions should be addressed and agreed upon in writing by either the County Project Manager or designee prior to the performance of work.**

**Approved by:** \_\_\_\_\_

**County Representative**

<b>Work completed OK to Pay Date :</b>	<b>Invoice #</b>	
<b>Approved by:</b>	<b>Goods Received</b>	