



# MONMOUTH COUNTY PUBLIC WORKS & ENGINEERING MATERIAL/EQUIPMENT/SERVICE REQUEST FORM

WORK ORDER #: \_\_\_\_\_

## REQUESTOR'S INFORMATION- PART I

Requestor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Municipality: \_\_\_\_\_ Department: \_\_\_\_\_

Service Requested & Location (If Applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Equipment Requested (If Applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Material Requested (If Applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Delivery Requested:  Yes  No

Date Needed: \_\_\_\_\_ Expected Date of Return: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MONMOUTH COUNTY'S APPROVAL- PART II

Division: \_\_\_\_\_ District (If Applicable): \_\_\_\_\_

Administrative Fee: \$ 12.50

Estimated Labor Cost: \$ \_\_\_\_\_

Estimated Material Cost: \$ \_\_\_\_\_

Estimated Equipment Cost: \$ \_\_\_\_\_

Delivery Cost \*(Optional): \$ \_\_\_\_\_

**ESTIMATED TOTAL COST:** \$ \_\_\_\_\_

If box is checked, estimate is based on visual inspection of required repairs. Final costs will be based on actual repairs completed due to extent of deterioration and/or damage found.

Division Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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