



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: \$ 18.50

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: _____

Original-Division

Copy-Municipality

Copy-Director's Office