



# 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:                      \$ 21.50

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