WORK REQUEST

Send completed Work Request,
Attn: Public Works to:

Email: dpw@birchhillscounty.com

Fax: 780-694-3788

Request For (check one):	Deadline:
☐ Dust Control	April 30th
☐ New Approach	May 31st
☐ Approach Widening	May 31st
☐ Ditch Clean/Repair	May 31st
☐ Culvert Repair	June 30th
☐ Culvert Replacement	June 30th
☐ Road Gravelling	July 31st
☐ Brush Removal	August 31st
☐ Roadside Spraying	October 1st
☐ Sign Installation/Replacement	N/A
☐	

Date:_____

Contact Name:_____

Phone #:_____ **Cell #:**_____

Requests made before the deadline should be completed within the same year, requests made after the deadline will be forwarded to the following year.

Problem Area:

Nearest Intersection: Range Rd:_____ **Township Rd:**_____

Land Location(s):

LSD:_____ **¼:**_____ **Sec:**_____ **Twp:**_____ **Rge:**_____ **W of the** ____th **Meridan**

LSD:_____ **¼:**_____ **Sec:**_____ **Twp:**_____ **Rge:**_____ **W of the** ____th **Meridan**

Description (detailed information including landmarks, condition of area, etc.) _____

_____

_____

_____

_____

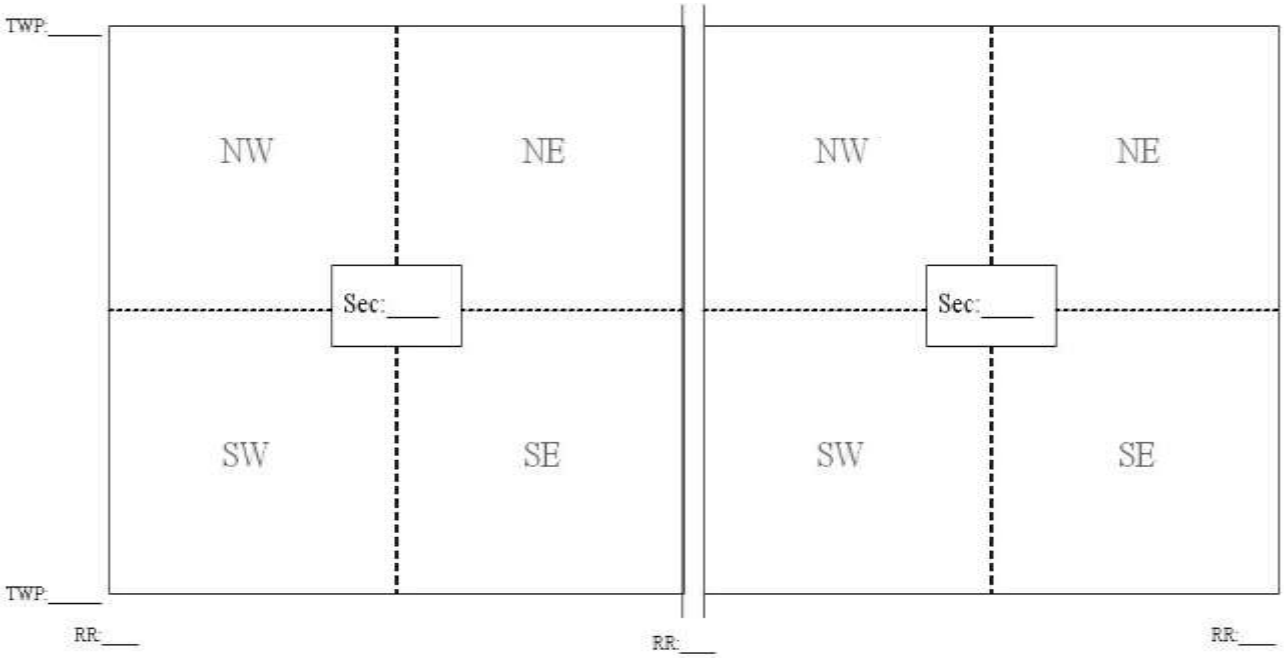
_____

_____

Length of Area (if applicable)_____

Type of Sign (if applicable):_____

Please be as descriptive as possible when drawing the map:



Office Use Only (Resolutions)

☐ Filled Out By:

☐ Received By:

☐ Contact Made By:_____

Date:_____

☐ Completed By:_____

Date:_____

☐ Denied

☐ Called Back By:_____

Date:_____