



# WORK REQUEST FORM

AREAS MARKED WITH AN ASTRIC ARE REQUIRED ON THIS FORM TO BE FILLED IN.  
IN ORDER TO ASSIST YOU THE BEST WAY WE CAN.

\*DATE: \_\_\_\_\_ LATERAL: \_\_\_\_\_

\*NAME: \_\_\_\_\_ SUB DISTRICT: 1 2 3 4 5 CIRCLE ONE

\*ADDRESS: \_\_\_\_\_

\*PHONE: \_\_\_\_\_ HEAD GATE: \_\_\_\_\_

<u>WATER FLOW</u>	<u>STRUCTURES</u>	<u>DRAINAGE</u>
<input type="checkbox"/> TOO MUCH WATER	<input type="checkbox"/> HEAD GATE	<input type="checkbox"/> CAID EASEMENT
<input type="checkbox"/> NOT ENOUGH WATER	<input type="checkbox"/> CHECK	<input type="checkbox"/> NATURAL DRAIN
<input type="checkbox"/> NO WATER	<input type="checkbox"/> CANAL/ LATERAL	<input type="checkbox"/> NEIGHBOR'S PROPERTY
<input type="checkbox"/> WEEDS/ TREES	<input type="checkbox"/> PIPELINE	<input type="checkbox"/> CAID DRAIN
	<input type="checkbox"/> CULVERT	
	<input type="checkbox"/> WEIR/MEASURING DEVICE	
PROBLEM AND EXPLAIN BELOW		
<input type="checkbox"/> OTHER:		ON GOING PROBLEM? Y N

\*EXPLAIN YOUR CONCERNS: PLEASE PRINT LEGIBLY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FOR OFFICE USE

DATE WORK ORDER WAS RECEIVED: \_\_\_\_\_

PRIORITY ASSIGNED: ☐ LOW ☐ HIGH ☐ NO PRIORITY GIVEN

ESTIMATED TIME TO ACCOMPLISH WORK ORDER: \_\_\_\_\_