

**UTILITY DIVISION  
VALVE ASSISTANCE REQUEST FORM**

DATE REQUESTED: {INSERT DATE}

TIME REQUESTED: {INSERT TIME}

Type of Assistance Required:

- Valve Operation                       Water and Sewer Utilities locate  
 Bacterial Testing (BAC-T)         Flushing Waterlines

Project Name: {INSERT PROJECT NAME}

Project Number: {INSERT PROJECT #}

Company Requesting Assistance: {INSERT CONTRACTOR NAME}

Company Contact Name: {INSERT CONTRACTOR CONTACT}

Company Telephone: {INSERT CONTACT PHONE #}

Company Fax: {INSERT CONTRACTOR FAX}

Type of Work: {INSERT CONTRACTOR WORK TYPE}

Location of Work: {INSERT ASSISTANCE LOCATION}

Nearest Cross Street: {INSERT NEAREST CROSS STREET}

Project Manager: {INSERT PROJECT MANAGER}

Project Manager Phone Number: {INSERT PM PHONE #}

**DEPARTMENT OF PUBLIC WORKS USE ONLY**

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

**END OF DOCUMENT**

