

# WORK REQUEST FORM

LINCOLN COUNTY JUVENILE COMMUNITY SERVICE WORK CREW  
JUVENILE DEPARTMENT

CONTACT: Dorinda L. Goddard 541-265-4158 X36

FAX 541-265-4156

NAME AND ADDRESS:	TO BE BILLED TO:	PO #

DESCRIPTION OF SERVICES AND SITE LOCATION:	DATE REQUESTED BY:

MATERIALS FURNISHED:	TOOLS NEEDED:

ISSUED BY:	AUTHORIZED BY:
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DATE:	DATE:
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DATE RECEIVED: _____	FOR OFFICE USE ONLY DATE BILLED _____ AMOUNT _____ DATE PAID _____
DATE WORK COMPLETED: _____	

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