



CITY OF DOVER WATER AND SEWER DEPTS.
WORK ORDER

DATE: _____

DATE NEEDED: _____

LOCATION:

Customer account number: _____

Name: _____

Address or location _____

REQUEST FROM:

SERVICE CALL:

- checkbox Pump, checkbox Leak, checkbox Septic tank, checkbox Controls, checkbox Meter, checkbox Installation inspection, checkbox Float, checkbox Customer questions, checkbox Other

OPERATION AND MAINTENANCE:

- checkbox Water intake, checkbox Waste water Lift Station, checkbox Lower water storage (Essex Rd.), checkbox Lower pump station (Essex Rd.), checkbox Wastewater Outfall, checkbox Water treatment plant, checkbox Waste water treatment plant, checkbox Upper water storage (Cedar Ridge), checkbox Upper pump station (Cedar Ridge), checkbox Other

WORK TO BE DONE: _____

FOR OFFICE USE ONLY

APPROVED: ____/____/____

APPROVED BY: _____

COMPLETE: ____/____/____

BY: _____

COMMENTS: _____

