

BAILEYVILLE UTILITIES DISTRICT

WORK ORDER FORM

Customer Name: _____ Customer Address: _____

Phone #: _____ - _____ Email Address: _____

Tenant Name (if different): _____ Tenant Phone #: _____ - _____

Date Work Requested: ___/___/___ Date Work to be Completed: ___/___/___

Water Account #: _____ Meter Reading: _____

DESCRIPTION OF WORK TO BE PERFORMED: EMERGENCY or NON-EMERGENCY (circle one)

DESCRIPTION OF WORK COMPLETED:

DESCRIPTION OF PARTS USED:

1) _____ Amount Charged: \$ _____

2) _____ Amount Charged: \$ _____

3) _____ Amount Charged: \$ _____

4) _____ Amount Charged: \$ _____

5) New Meter Installation – Meter S/N _____ Reading: _____

6) Man Hours Required: _____ Labor Charges: \$ _____

7) Equipment Hours Required: _____ Equipment Charges: \$ _____

8) Estimated Water Loss (in gallons): _____

WORK COMPLETED BY: _____ DATE WORK COMPLETED: __ / __ / __

NOTES:

Revised 01-07-2019