



REQUEST FOR SATURDAY WORK

ALL PRODUCTION WORK REQUIRES AN INSPECTOR AVAILABLE
ALL REQUESTS MUST BE SUBMITTED **BY NOON THE WEDNESDAY PRIOR**
RATE FOR SATURDAY WORK IS \$50 PER HOUR WITH 4 HOUR MINIMUM

Payments are not carried over and there are no refunds.

DATE REQUESTED: _____ HOURS REQUESTED: _____ x \$50 = _____

PROJECT: _____

TYPE OF WORK: WATER SANITARY SEWER STORM SEWER PAVING

INSPECTOR: _____

COMPANY NAME: _____

CONTACT: _____ PHONE NUMBER: _____

SIGNATURE: _____

EMAIL ADDRESS FOR INVOICING: _____
(Invoices will be emailed if hours worked exceed payment submitted with this form)



BUILDING INSPECTIONS
Credit Card Payment Authorization Form

Date: _____

CONTACT INFORMATION (Representative Submitting Payment):

First Name: _____ Last Name: _____

Phone Number: (_____) - _____ - _____

PAYMENT INFO:



Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ 3 Digit Security Code: _____

Billing Address: _____ Zip Code: _____

Name on Card: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

REGISTRATION (S), ADDRESS (ES) and/or PERMIT (S) TO BE PAID:

- _____
- _____
- _____
- _____
- _____

OFFICE USE ONLY:

Total Amount to be Charged: \$ _____

NOTE: This document WILL BE SHREDED once your payment has been processed. Thank you!