



CLARK COUNTY DEPARTMENT OF PUBLIC WORKS

REQUEST FOR SURVEY

Note: Requests must be on this form and submitted two working days in advance of start of work. Fax # (702) 382-0849

PROJECT / BID NO.:	PROJECT NAME:
REQUEST DATE:	REQUEST NO.:
DESIRED START DATE:	DESIRED COMPLETION DATE:

IN HOUSE:

CONTRACT:

SPECIAL SERVICE:

EXTRA: CONTRACTOR SIGNATURE
REQUIRED ACKNOWLEDGING RESPONSIBILITY OF COSTS (Per 105.08)

DESCRIPTION OF REQUESTED WORK:

FOR COUNTY USE ONLY

FIELD BOOK NO.: PAGE: COMPLETION DATE: COMPLETED BY:

DESCRIPTION OF COMPLETED WORK:	WORK NOT COMPLETED DUE TO:
	NEW REQUEST SUBMITTAL REQUIRED

REQUESTED BY PRINT:	DEPT. / DIVISION / COMPANY:
SIGN	
APPROVED BY: COUNTY CM PRINT:	CONSULTANT CM PRINT:
SIGN	SIGN