



ESSEX COUNTY DEPARTMENT OF PUBLIC WORKS

WORK ORDER

To:		Date:	
From:		Department:	
Location/Building:			

Work Requested:
*Please email completed form to Tracy.Bedard@essexcountyny.gov *

Department Head Approval

Signature

For DPW Use ONLY

Date Rec'd by DPW:		Assigned To:	
Reviewed By:		Date Completed:	
Start Date of Work:			

Description of Work Performed:

Cost of Materials: (attach list)	
Employee Performing Work & Hours:	

Date Completed:		DPW Signature:	
		Print Name:	

Date Copy Sent to Originating Department:	
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