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VILLAGE OF PORT SANILAC – DEPARTMENT OF PUBLIC WORKS

WORK ORDER REQUISITION

Work Required: _____

Date work needs to be completed: _____

Name and address of organization to be billed for work: _____

Signature of person making request: _____

Representing which organization: _____

Date turned into the Village Office: _____

Approved by: _____

Date and time completed: _____

Completed by: _____