TOWN OF RIVERHEAD

ELECTRICAL

WORK ORDER REQUEST

DATE:_____

REQUESTING DEPARTMENT:_____

DEPARTMENT HEAD APPROVAL:_____

REQUESTERS NAME:_____

TELEPHONE EXT:_____

INVOLVES MOVING COMPUTERS? ◯ **YES** ◯ **NO**

ACCOUNT # TO CHARGE MATERIAL AGAINST:_____

JOB LOCATION:_____

DESCRIPTION OF WORK REQUESTED

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RETURN COMPLETED FORM TO ENGINEERING DEPARTMENT