TOWN OF FAIRFIELD WATER DEPARTMENT

WORK ORDER

Date: _____

Work Requested By: _____

Account Number: _____

Account Name: _____

Account Address: _____

Date Water to be Turned **ON/Transferred**: _____

Date Water to be Turned **OFF/Transferred**: _____

Other Work Requested: _____

_____

_____

_____

Date Work Completed: _____

Completed By: _____

Date/Who Entered in UB: _____

Date/Who Entered in TAP Spreadsheet:_____

Date/Who Entered in Assessment File:_____