

**CERRO GORDO COUNTY
DRAINAGE WORK ORDER**

Work Order No.: _____

Date Filed: _____

To: Cerro Gordo County Board of Supervisor's
It is hereby requested that changes be made on:

Drainage District: _____

Lateral: _____

Assessable District: _____

Diameter of Tile: _____

Tile Material: _____

Section, Township, Range: _____

Qtr - Qtr: _____

Requested by: _____

Owner Tenant Other

Address: _____

Phone No.: _____

Landowner Name: _____
(if different from requestor)

Chairman's Signature: _____

Problem:

Contractor Assigned:

Engineer Appointed:

Date Engineer Appointed: _____

Attorney Appointed:

Date Attorney Appointed: _____

Coordinates:

Latitude _____

Longitude _____

Vendor Paid: _____

Total Amount Paid: _____

Date Paid: _____

Date Completed: _____

