

Repair Service Authorization Form

l,	grant Rogers Water Utilities the
authority to relocate, repair, replace Util	lity property and it be billed to myself or my company.
I will be responsible for all materials, lab	oor and machine time that it requires to perform the work
order.	
Company Name if applicable:	
Authorization Signee:	
Work to be performed at:	
	Cell:
Contact person:	email:
Signature:	Date:

Email: field@rwu.org