



Repair Service Authorization Form

I, _____ grant Rogers Water Utilities the authority to relocate, repair, replace Utility property and it be billed to myself or my company. I will be responsible for all materials, labor and machine time that it requires to perform the work order.

Description of Work to be performed:

Company Name if applicable: _____

Authorization Signee: _____

Work to be performed at: _____

Billing Address: _____

Telephone _____ Cell: _____

Contact person: _____ email: _____

Signature: _____ Date: _____

Email: field@rwu.org