

**ADAMS FIRE DISTRICT**  
**Contractor Service Request**

Date(s) Required\*: \_\_\_\_\_

Location and reason for request (s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**\*72 Hour notice required prior to service, or billing may be subject to emergency pricing.**

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(AFD Office Use Only)

Approved:     YES         NO

\_\_\_\_\_

Superintendent Signature

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Description of Work Completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed by Water Dept Personnel: \_\_\_\_\_