

# NAGEEZI CHAPTER

Eastern Navajo Agency • District 19



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## WORK ORDER FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

### **COMMUNITY AID & SERVICES** – *Additional rates apply for Non-Registered Voters if applicable*

Date of Request: \_\_\_\_\_ Time Requested: \_\_\_\_\_

Hours Requested: \_\_\_\_\_ Grave Extraction:  Yes  No

Location: Coordinates: \_\_\_\_\_

Description of Work to be Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**NAGEEZI CHAPTER USE ONLY**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

EQUIPMENT RENTAL FEE: \_\_\_\_\_ MONEY ORDER #: \_\_\_\_\_

WAIVED:  YES  NO CASH: \_\_\_\_\_