

HOLIDAY ISLAND SUBURBAN IMPROVEMENT DISTRICT

CULVERT INSTALLATION

DATE: _____

CONTRACTOR NAME : _____

PHONE NUMBER: _____

ADDRESS: _____

UNIT _____ BLOCK _____ LOT _____

PROPERTY ADDRESS: _____

PROPERTY OWNER NAME: **(If different)**

PHONE NUMBER: _____

ADDRESS: _____

=====

Galvanized Steel culvert will be installed. Total amount due is cost of specified culvert plus \$400 installation fee.

To be completed by HISID Road Department

CULVERT SIZE REQUIRED (20' MINIMUM): _____

COST OF CULVERT: \$_____ CULVERT LABOR COST: \$400

DATE PAID: _____ AMOUNT: _____

Approximate date HISID should complete work weather permitting: _____

COMPLETION DATE: _____

AUTHORIZED BY: _____