



Services Request Form

Quote sent Invoice sent

Check type of request: iTracker Smoke Test SL-Rat Mapping System Management

Name: _____ Phone: _____ Date: _____

Email: _____

System/PWA Name: _____ County: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Briefly describe issues: _____

Daily potable water usage _____ gallons per day/month

Billing/Accounting system used: _____

Number of Water accounts: _____ Number of Sewer accounts: _____ Trash service: Yes/No

Water Treatment Plant: Yes/No If yes, type: _____

Wastewater Treatment Plant: Yes/No If yes, type: _____

In your opinion, what is the condition of overall collection system: Excellent / Good / Fair / Poor

Feet of line: _____

Maps available? Yes/No Paper/Digital

Number of Lift Stations: _____ Are they GPS'd? Yes/No Marked on a map? Yes/No

Number of manholes: _____ Are they GPS'd? Yes/No Marked on a map? Yes/No

Are manholes easily accessible? Yes / No If not, describe accessibility issues: _____

Signature

Please complete the information above indicating the services requested. Sign and return as stated below for staff to prepare a Quote for services.

For questions please contact OK Water LLC – Services and Sustainable Solutions at (405) 905-8070

Please remit form to: OK Water, PO Box 94460, Oklahoma City, OK 73143

Fax to: (405) 383-4848 or email to: ssutton@okwater.org

Invoice # _____	Date: _____	Amount Charged: _____	Paid _____	Ref # _____
Estimate # _____	Estimate sent: _____	Completed by: _____	Estimate \$ _____	
Reviewed by: _____	Date: _____	Assessment scheduled for: _____		
Mileage from OKC office to System/PWA: _____	Mileage charge: _____	Charge to customer / Ok Water		
Assessment/Work actual date: _____	Completed: _____			
Return scheduled: _____	Completed: _____			