City of Avenal
919 Skyline Blvd.
Avenal, CA 93204
Phone (559) 386-5766
Fax (559) 386-0629

City of Avenal
Public Works
Water/Sewer Installation Agreement

Date: _____

Name: _____

Billing Address: _____

Phone Number: _____ Messg# _____

Driver's License #: _____ SSN/Contr. Lic. # _____

Location of Job: _____

Description of work: _____

_____

Date to begin Services: _____

******Office use only******

50% OF ESTIMATED COST DUE UPON SIGNING AGREEMENT

Total Estimate: $_____ % by half $_____

Given by: Scott Davis, Public Works Supervisor

Comments: _____

_____

Amount Paid: $_____ Ck#_____ Cash: _____

_____ _____

Signature Date Scott Davis, Public Works Supervisor

REMAINING BALANCE DUE UPON COMPLETION OF PROJECT.