

City of Emmonak  
P.O. Box 09  
Emmonak, AK 99581  
Phone: 949-1227 or 949-1249  
Fax: 949-1926

WORK ORDER

Name: \_\_\_\_\_ Contact # \_\_\_\_\_

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

Department: \_\_\_\_\_

Date Required: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

WORK REQUESTED

\_\_\_\_\_

\_\_\_\_\_

WORK REPORT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Vendor Signature