

SCHUYLERVILLE/VICTORY BOARD OF WATER MANAGEMENT

Request for DPW Assistance
Non-Emergency Water Project

Water Project Description: _____

Address of Project: _____

Contact Information: _____

Date/s of Project: _____

Number of DPW Employees Requested: _____

Requested by: _____

Approval signature: _____

Request to be made at least 2 weeks in advance, when possible.
Response to be made within 3 days.

Comments: _____

