

CASS COUNTY HIGHWAY DEPARTMENT

TOWNSHIP
CITY

WORK ORDER

Work Requested _____
(Snowplowing, Blading, Sanding, etc)

Location of Work _____

Work Requested By _____ Title _____

Bill To _____
(Name, Address, City, State, Zip)

Phone Number _____

Date Work Was Done _____ County Unit No. _____

Operator(s) _____ Hours Worked _____

Date Signed _____ Signed _____