

RE: Comcast Cares + United Way Day of Caring

**REVIEWING DEPARTMENT RECOMMENDATION**

4/25-4/26, 2015

*15-264*

Department to complete the form and return to the City Clerk ASAP, but not later than 14 days.

Your request was acted upon in accordance with the contents of this application with the following conditions

**PARKS** Picnic tables + delivery \$75.00  
(683-4537)

\$75.00

		N/A	NO CHARGE	CHARGE
LABOR	<u>\$50 for delivery</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	<u>\$25</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature [Signature] Date 3/10/15

**POLICE**  
(686-6500)

		N/A	NO CHARGE	CHARGE
LABOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature [Signature] Date     /    /    

**FIRE**  
(686-6500)

		N/A	NO CHARGE	CHARGE
LABOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature      Date     /    /    

**DPW**  
(683-4550)

		N/A	NO CHARGE	CHARGE
LABOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature      Date     /    /

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 (683-4537) \_\_\_\_\_  
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 \_\_\_\_\_

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date      /      /     

**POLICE** \_\_\_\_\_  
 (686-6500) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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	N/A	NO CHARGE	CHARGE
LABOR _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature DC [Signature] Date 3 / 4 / 15

**FIRE** \_\_\_\_\_  
 (686-6500) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**DPW** \_\_\_\_\_  
 (683-4550) \_\_\_\_\_  
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 \_\_\_\_\_

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date 4/25/15

**POLICE**  
(686-6500) \_\_\_\_\_  
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LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

**FIRE**  
(686-6500) \_\_\_\_\_  
N/A  
\_\_\_\_\_

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LABOR _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature [Signature] Date 3/3/15

**DPW**  
(683-4550) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

RE: Comcast Cables + United Way Day of Caring 15-264

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Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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MATERIALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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(686-6500)

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LABOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**DPW**  
(683-4550)

32 - 28" cones @ 1.50/cone = \$48  
12 - No parking signs (stick in ground) = \$24  
Delivery + pickup (2 hrs @ 33.65) = 67.30

**\$139.30**

	N/A	NO CHARGE	CHARGE
LABOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature [Signature] Date 3 / 3 / 15