County Service Area Zone of Benefit
On-Call Maintenance Services Worksheet
Locations and Amounts by Type of Work

Zone Representative to prepare and provide to Contractor to accompany On-Call Maintenance Services Worksheet.

					For Contractor Use		
Station Number	**Road Name**	**Type of Service**	**Dimensions**	**Total (SF, LF)**	**Unit Cost**	**Proposed Cost**	**Notes**

(Use additional sheets if necessary)

Zone Name _____ Start Date_____ Working Days to Complete All Work_____