REQUEST FOR SERVICES

P.O. BOX 427 / 1991 COUNTY ROAD 13 / BELLEFONTAINE, OHIO 43311
Phone: (937) 592-2791 Website: www.lceo.us

CONTACT PERSON:	**DATE:**

ADDRESS:

EMAIL:	**PHONE #:**

TYPE OF WORK: ☐ **ACCESS PERMIT/VARIANCE** ☐ **SURVEYING/ROW** ☐ **DRAINAGE ANALYSIS** ☐ **OTHER**

SCOPE OF WORK (please be descriptive):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signatures required for this form to be considered: either two Township Trustees, two Municipality officials, or the landowner or the agent responsible for the landowner. By submitting this Request for Services we, the individual(s) who signed below, understand the Logan County Engineer's Office will be billing for all actual costs associated with the fulfillment of this Request for Services.

SIGNATURE 1	**SIGNATURE 2**
SIGNATURE 3	**TOWNSHIP OR MUNICIPALITY:**

LANDOWNER OR AGENT RESPONSIBLE FOR LANDOWNER: _____

BUSINESS NAME OF RESPONSIBLE AGENT (IF APLLICABLE):

All forms can either be emailed to permits@lceo.us or faxed to (937) 599-2658

OFFICE USE ONLY:

WO #:_____