

## District \_\_\_\_ High Mast Tower Lighting Repair Work Order

Date:	Purchase Order No.:	Priority: <input type="checkbox"/> High <input type="checkbox"/> Med. <input type="checkbox"/> Low
NDOT Supervisor:		Phone No.:
NDOT Supervisor E-mail:		Investigated by:
Vendor Contact:		Phone No.:
Vendor E-mail:		
Authorized By:		Date of Notice to Proceed:
Tower Location ( <i>Nearest Town/Interchange/Ramp Leg</i> ):		
Hwy:	MP/MM:	Tower No.:
Tower Quad.: <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> NW <input type="checkbox"/> SW	SPD or DIRK No.:	
Requested Repair(s):		
Before Picture		After Picture
Define Repair(s) Completed:		
Work Completed By:		