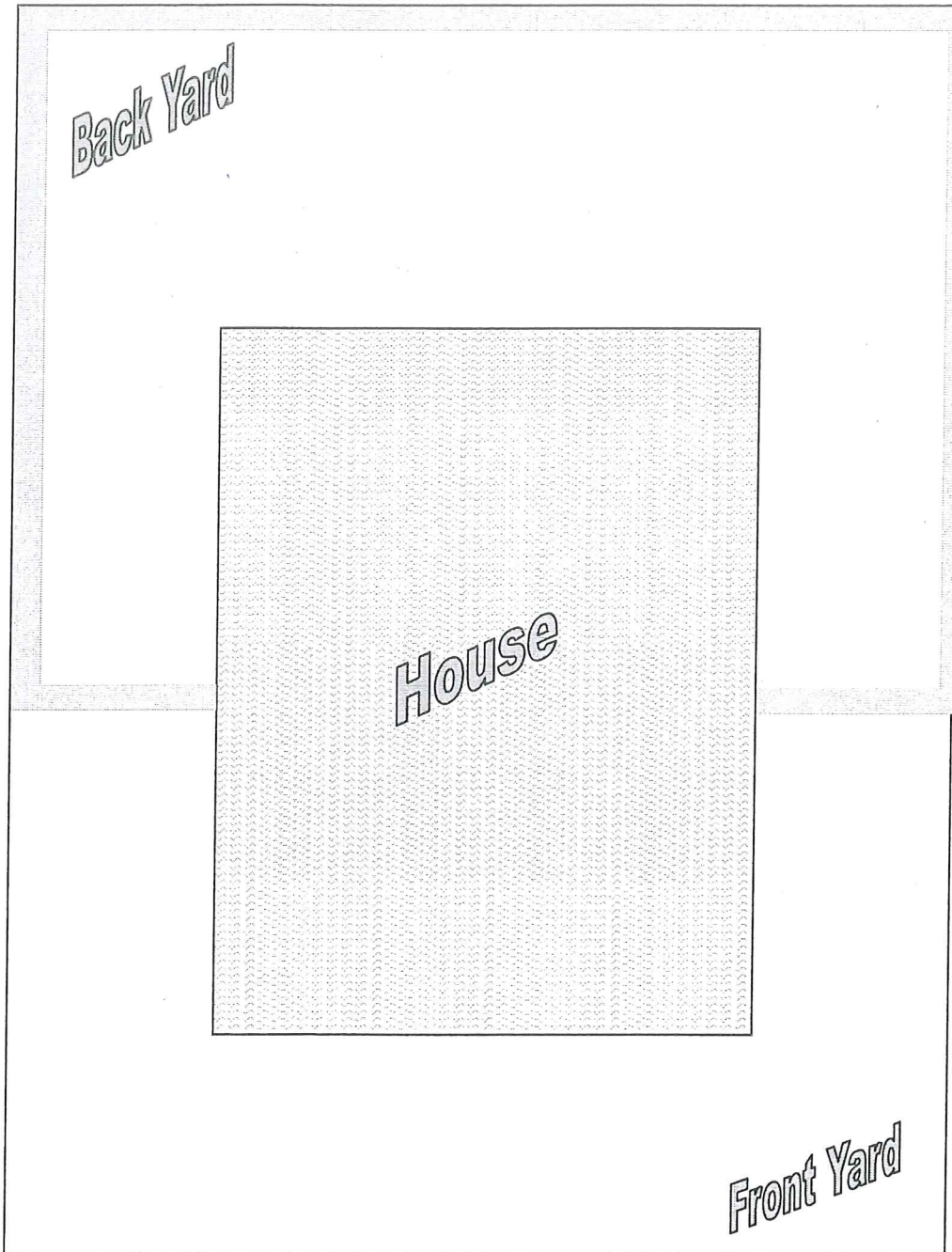


Provide a rough sketch indicating location of grass to be removed.



AREA FOR OFFICE USE ONLY

Account _____

Turf Measure Sq. Ft. _____

Final Inspection _____
Date Initial

Processed for Payment _____
Date Initial

Comments: _____

