

WORK ORDER

WO #	
Date	
Time	

CUSTOMER INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

JOB SITE LOCATION

Contact: _____

Address: _____

Phone: _____

Alt. Phone: _____

SEWER SERVICE DIAGNOSIS & PROBLEM TYPE

- Main Sewer Line Blockage
- Sewer Backup / Flooding
- Pipe Burst / Leak
- Tree Root Intrusion
- Odor Detection / Gas
- Drain Clog
- Lift Station Failure
- Camera Inspection
- Hydro-Jetting Required

PROBLEM DESCRIPTION / FINDINGS

WORK PERFORMED / RESOLUTION

MATERIALS, PARTS & LABOR COST DETAILS

Qty	Description of Materials / Services / Labor	Unit Price	Total

Material Subtotal	
Labor Subtotal	
Emergency Service Fee	
Tax Rate / Amount	
TOTAL DUE	

Technician Signature

Date: _____

Customer Authorization Signature

Date: _____

I hereby authorize the above diagnostic, repair, or maintenance work to be performed. I agree to pay all charges upon completion of services rendered. In the event of emergency service, standard warranties may be limited due to underlying structural conditions, and further excavation or replacement may be recommended as noted above. Any outstanding balances after 30 days are subject to interest charges.