

**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.

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

(Use additional sheets if necessary)

Zone Name _____

Start Date_____

Working Days to Complete All Work_____