



107 Franklin Ave, Lewes DE, 19958
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HIGH VOLTAGE COVER-UP REQUEST

NAME OF PERSON REQUESTING _____

LOCATION OF WORK _____

PERSON RESPONSIBLE FOR WORK _____

ADDRESS _____

PHONE # _____

TYPE OF WORK _____

EQUIPMENT TO BE USED (i.e. crane, lifting device, ladders) _____

DATE AND TIME WORK IS TO START _____

INFORMATION TAKEN BY _____

DATE _____ TIME _____ PHONE# _____

FIELD FOLLOW UP SECTION

DATE AND TIME CUSTOMER WAS CALLED _____

IS SITE VISITATION REQUIRED _____

DATE AND TIME OF SITE VISIT _____

ON SITE PERSON RESPONSIBLE FOR WORK _____

AGREED UPON RESOLUTION FOR COVER-UP _____

START DATE _____

FINISH DATE _____

LEWES BPW REPRESENTATIVE _____ DATE: _____

CUSTOMER REPRESENTATIVE _____ DATE _____