

PUBLIC WORKS DEPARTMENT

809 Center Street – Room 201 Santa Cruz CA 95060 831-420-5160 FAX 831-420-5161

Contractor Night Work Request Form

Address/Phone Number:	Contractor:	
Project Manager Email:	Address/Phone Number:	
Date(s) of work/Duration:	Project Manager/Phone number:	
Requested time:	Project Manager Email:	
Location/Address: Reason for night work: Type of work being performed: Reviewed by: Date: City Public Works Inspector Approved by: Date:	Date(s) of work/Duration:	
Reason for night work: Type of work being performed: Reviewed by: Date: City Public Works Inspector Approved by: Date:	Requested time:	
Type of work being performed: Reviewed by: Date: City Public Works Inspector Approved by: Date:	Location/Address:	
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Reviewed by: Date: City Public Works Inspector Approved by: Date:	Type of work being performed:	
City Public Works Inspector Approved by: Date:	Type of work being performed.	
City Public Works Inspector Approved by: Date:		
City Public Works Inspector Approved by: Date:		
Approved by: Date:	Reviewed by:	Date:
	City Public Works Inspector	
Director of Public Works	Approved by: Director of Public Works	Date:

Fax or email completed form to Curtis Busenhart cbusenhart@cityofsantacruz.com