



Squaxin Island Tribe  
*Department of Community Development*  
 Staff Work Order

Requester: \_\_\_\_\_

Date: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Prepared by: \_\_\_\_\_

\_\_\_\_\_

Funded by: \_\_\_\_\_

Phone: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Directors

Approval: \_\_\_\_\_

Work to be performed:

Work Accomplished:

Date: \_\_\_\_\_

\_\_\_\_\_  
 Customer Signature

\_\_\_\_\_  
 Worker's Signature

I have inspected the work and find it satisfactory.  
 Call 432-3996 with questions or comments.

DCD Use Only:	DCD Directions Approval: