

SURVEY REQUEST



Kitsap County
Department of Public Works



**72 Hour Minimum
Notice Required**

Project Name: _____ Request No. _____

Date of Request: _____ Start Date: _____ End Date: _____

Location: _____

Plan Sheet Number(s): _____

Requested by: _____ Attachments: Yes No

Request Description:

Stakes, marks, and other reference points set by the Contracting Agency, shall be carefully preserved by the Contractor
All restaking will be charged at the rate noted in KC GSP 1-05.4

KITSAP COUNTY OFFICE USE ONLY:

First request: Restake: Staking Completed: Staked by: _____

Date Received:

Date Staked:

Date Restaked: