

**FLCC Work Request Form**

Please complete and submit this form to a member of the Extension Committee for all work being done, including all internal work and external work in any capacity if it involves the hiring of a third party. This will need to be reviewed along with proof of Contractor insurance reflecting that Forest Lake is additional insured under the Contractor Insurance policy. You must receive written approval from the Board of Directors prior to work beginning.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Description of work requested

---

---

---

---

---

---

Contractor Name \_\_\_\_\_

Contractor Phone \_\_\_\_\_

Contractor Insurance Provider \_\_\_\_\_

Contractor Insurance Provided (circle one)      Yes / No