

City of Los Angeles
DEPARTMENT OF TRANSPORTATION

MARKING MAINTENANCE WORK
ORDER

Work Order #

Created by/Organization Name:	Phone No.:	Complete By Date:	Approved by:	Approved Date:	Scheduled by:	Scheduled Date:	Yard:	CD:
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Attachment Information:	Engineering Notes:
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#	Color	Work Req'd	Side of St	Type Installation	CS	Surface Type	Dir	No. of Units	Area	Primary St	Cross St	Crew Chief	Completed Date/Time
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

Crew Chief:	Yard Supervisor:	Job Type:	Package No.:	Project No.:
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