

Tri-County Electric Cooperative

WORK REQUEST FOR A STRUCTURE MOVE

Complete and Return to
P.O. Box 626 - Rushford, MN 55971

OWNER'S INFORMATION

Owner's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

MOVER'S INFORMATION

Mover's Name: _____

Address: _____

Phone Number: _____

STRUCTURE TO BE MOVED: _____

LOADED HEIGHT OF STRUCTURE: _____

MOVE STARTS AT: _____

MOVE ENDS AT: _____

DETAILS OF ANTICIPATED ROUTE: _____

ANTICIPATED DATE AND TIME OF MOVE: _____

OTHER COMPANIES CONTACTED: _____

PERMITS RECEIVED: _____

Prepared By: _____ Date: _____

Please Print Name: _____

RECEIPT OF THE ESTIMATED COST IS REQUIRED THREE (3) DAYS PRIOR TO THE MOVE. The final actual costs will be billed upon completion of the move and paid within thirty (30) days of the receipt of a bill.

ESTIMATED COST (for office use only): _____

