



NEW BUSINESS DEVELOPMENT DEPARTMENT OVERTIME AUTHORIZATION FORM

Date: _____

Plan of Service

Plan Check

Project Info	Work Order Number: _____	Tract Number: _____
	Project Name: _____	

Developer Information	Company: _____	Phone: _____	
	Address: _____	Fax: _____	
	_____	_____	
	City	State	ZIP
	Contact Name: _____	Cell: _____	
Job Title: _____	E-mail: _____		

By signing this form, I acknowledge the following and accept these terms and conditions:

- I have paid to authorize overtime for my EMWD engineer.
- I understand that even though I have paid for overtime, my project will not be pushed to the top of my EMWD Engineer's work queue.
- I am aware that returning this form with payment **DOES NOT** imply my project will be done in any specific timeframe.

Signature _____

Date _____

EMWD Office Use Only

Payment Amount _____

Receipt Number _____

Date _____

Administrative Assistant: _____