



Drainage Deposit Form

Account Number: _____

Customer/Builder Name: _____

Phone Number: _____

Property Address: _____

Inspection Details

Drainage Deposit Paid: \$500

Date Paid: _____ Work Order #: _____

Culvert Installed: Yes No

Culvert Size Verified: _____

Installation Meets Standards: Yes No

Inspection Date: _____

Notes:

Field Supervisor Signature: _____ Date: _____

Deposit Refunded:

Refund Rolled to Tap Fee: Yes No

Check Number: _____

Office Signature: _____ Date: _____