

COHV SPORTS FIELD MAINTENANCE ENHANCEMENT REQUEST



CLUB / ORGANIZATION NAME:

Name of Applicant/Responsible Party:

Phone: _____ Email: _____

Have you been in contact with other sport organizations to insure this is not a duplicate request?

Yes, Name of Organization(s)/Person(s) _____
Phone Number: _____

No

PROPOSED ENHANCEMENT/MAINTENANCE: (Please be specific, i.e. mowing, watering, chemical treatment, if a repeated service, please indicate schedule, if dirt or sand please indicate cubic yards involved and area of placement) If above service involves chemical treatment indicate type of chemical and application rate. (Individual applying chemical must be State Certified)

REASON FOR REQUEST: _____

AREA/FIELD TO BE SERVICED:

Name of Provider/Business: _____

Street Address: _____

City, State, Zip _____

Phone number: _____

Happy Valley or Metro Business License # _____

CCB Number, if applicable _____

Insurance/Bond Information: (Company Name): _____

(Agent/Contact Name): _____

(Phone Number): _____

The City of Happy Valley requires that the City be listed as an additional insured on all insurance policies or bonds when each service is performed.

FOR OFFICE USE ONLY:

Date Request for Enhancement/Maintenance Rec'd _____

Proposed project approved Proposed project denied Completed Project Inspected

Authorized by COHV Employee: _____ Date: _____