CITY OF ROCKWALL – INSPECTION REQUEST SATURDAY HOURS ENGINEERING

Date:	Project Name:	
Project Location:		
Contractor's Name:		
Contractor's Address:		
Contractor's Email:		
Contractor's Phone:		
Inspection Date and Time:		
Detailed description of inspec		
	Description of Inspection Re	quested
Supervisor On-Site (Saturday) Na	amo:	Phone Number:
		Filone Number.
Assigned Project Inspector:		
the Thursday before the instance (awilliams@rockwall.com) will be emailed back to the minimum 2 hours inspection must be given verbally and requested inspection time. no cancellation is given a result of the instance of th	spection date. This signed requand Steve Salazar (ssalazar@grequesting contractor with the on charge will be billed for all Salawritten to the assigned inspection of 2 hours prior to requining to the prior to require inspection in the prior to require inspection in the prior to require in the prior in th	he Engineering Department by noon on lest must be emailed to Amy Williams rockwall.com). Approval/disapproval assigned inspector's information. A aturday inspections. All cancellations tor no less than 2 hours prior to the ion will be assessed to the contractor if uested inspection time. No acceptance rtime engineering inspection fees are
CERTIFICATION: I unders	stand and agree to the above te	erms.
Contractor's Signature: Date:		
FOR CITY USE ONLY:		
Date and Hours of Day:		
Desc. Of Inspection:		
Inspector's Name:	Ni	ımber:
	Nu	iiiibei
Inspector Signature:		
Inspector Supervisor:		