SELF-HELP PAVER PROJECT REQUEST PLAN OF ACTION FORM

COAST GUARD TRAINING CENTER PETALUMA

Name *(Last, First, MI.)*: Date:

Housing Unit Address: Home Phone:

PROJECT DESCRIPTION

Please attach any drawings you may have to this form

ITEM		Quantity
Cement Pavers (RED)	(Each)	
Cement Pavers (GRAY)	(Each)	
Sand	(Bags)	
Top Soil	(Bags)	
Mulch	(Bags)	
Pea Gravel	(Bags)	

OFFICE USE ONLY

Accepted By Housing Office YES ☐ NO ☐

Housing Official's Signature: Date: