BRUSH PICK-UP CUSTOMERS CONTACT REPORT

To: Utility Billing	Department Superviso	r		
From:	wit	h the City of Gonzale	es Brush D	Department.
I,	have contacted (customer)			
concerning the bru	sh that will be picked u	p by the brush crew of	on (date) _	
at the following ser	rvice location:	·		
Contacted by phone (#			NO	
Contacted by person:		YES	NO	
	e:se:			·
Start time	Finish Time	Total pickup	time	Rate per 15 minutes
				@ \$20.00
I have explained to	the customer that the a	additional charge for	the brush j	pickup will be billed to
their utility bill.				
Signature of Drive	r	Date	e	