



## FORM A - APPLICATION FOR CUSTOM WORK (Please Print)

Name/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Contact Info: \_\_\_\_\_

Equipment to be used: \_\_\_\_\_

Land location where work is to be completed: \_\_\_\_\_

\_\_\_\_\_

Description of work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(A map or drawing of the work location must be attached to this Form)

I (We) agree to the following terms and conditions:

- 1) The Custom Work at the rate(s) prescribed by the RM for custom work at the time the work is completed.
- 2) Payment will be made within thirty (30) days of the date of the invoice being issued by the RM for the specified Custom Work.
- 3) All equipment will be operated by an RM employee only.
- 4) To advise the RM of the location of any structures which may not be apparent upon visual inspection of the property, including but not limited to wells, cables, survey monuments, and underground utility lines.

**Policy Title:** Custom Work Rates

**Policy Number:** TS-004-2025

**Date Approved:** February 25<sup>th</sup>, 2025 **Resolution No.:** 2025/0082



- 5) In the event of failure to advise the RM of any structures that are not clearly visible, the person requesting Custom Service will be obligated to compensate the RM for any resulting damage to the equipment used and/or any injury to the operator of the equipment and to indemnify and save harmless the RM of and from all claims resulting from the equipment coming into contact with such structures, including all claims for consequential loss.
- 6) To be present while the work is being completed. If not present, it shall be presumed that the work has been done to the satisfaction of the person who requested the Custom Service and that the amount of time indicated by the Operator to complete the Custom Service is correct.
- 7) The RM must receive 24 hours notice prior to the scheduled start of the Custom Work. If such notice is not provided the applicant will be responsible for the payment of 2 hours of Custom Work specified on the application.

**Failure to comply with the above may result in cancellation of agreement.**

Agreed by: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Manager of Public Works Approval: \_\_\_\_\_



## FORM B – Custom Work Completion Report

|                                   |
|-----------------------------------|
| Location:                         |
| Performed By:                     |
| Date(s) Custom Work Performed:    |
| Type of Work:                     |
|                                   |
|                                   |
| Time Work Started:                |
| Time Work Completed:              |
| Total Time Spent:                 |
| Comments:                         |
|                                   |
|                                   |
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|                                   |
| Operator's Signature:             |
|                                   |
| Public Works Manager's Signature: |

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