



**PUBLIC WORKS DEPARTMENT**  
809 Center Street – Room 201  
Santa Cruz CA 95060  
831-420-5160 FAX 831-420-5161

**Contractor Night Work Request Form**

Contractor: \_\_\_\_\_

Address/Phone Number: \_\_\_\_\_

Project Manager/Phone number: \_\_\_\_\_

Project Manager Email: \_\_\_\_\_

Date(s) of work/Duration: \_\_\_\_\_

Requested time: \_\_\_\_\_

Location/Address:

Reason for night work:

Type of work being performed:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
City Public Works Inspector

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Public Works

Fax or email completed form to Curtis Busenhart [cbusenhart@cityofsantacruz.com](mailto:cbusenhart@cityofsantacruz.com)