



CITY OF LYONS

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449 5th St

Lyons, OR 97358

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REQUEST FOR STREET CUTTING OR EXCAVATION

Date of Request _____

Date Work Scheduled to Begin _____

Name of Organization or Individual Making Request _____

Date Work is Scheduled to be Completed _____

Date Street Restoration is to Occur _____

Location of the Project:

Precise Location and Street Name Where Cut is to be Made _____

Purpose of the Project: _____

Type of Cut or Excavation to be Made: _____

Name of Individual to be Contacted Who is Responsible for the Project:

Name _____ Phone Number _____

Address _____

Fax Number _____ E-Mail _____

For City of Lyons Use:

Name of Person Accepting request on Behalf of the City:

Date Approved:

Special Instructions from City: **Promptly repair and restore the affected portion of the street to previous condition.**

Thank you for notifying us.