



City of Henderson  
Department of Public Works  
Quality Control Division

*A Place To Call Home*  
Please check **ONE**: ☐ SEWER ☐ STORM DRAIN

## VIDEO SUBMITTAL FORM

Submittal Date: \_\_\_\_\_ Is this a City Contract Project? Yes \_\_\_\_\_ No \_\_\_\_\_

Civil Permit Number (ie. PCVL): \_\_\_\_\_

Project Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**\*\*ATTACH COMPLETED FORM TO SUBMITTAL**