

REQUEST FOR SERVICE FORM

Please check appropriate Department to handle request

Administration Public Works Water Department
 Building Department Code Enforcement Other _____

Nature of Request:

Name _____ Address _____
Home Phone _____ Work Phone _____
Cell Phone _____ Date _____
Signed: _____

OFFICE USE ONLY

Received By: _____ Date Received: _____

Resolution:

Date Resolved: _____ Follow Up Date: (If Applicable) _____
Date Resolution Forwarded to Contact: _____

All "Request for Services" must have valid contact information from the person filling out this form. All information must be complete, including signature. Failure to provide all information will void request for service and will result in no further action.

If this is an emergency, please call 911.