



REQUEST FOR SERVICE

Date of Request _____ Citizen/Business Name _____

Time of Request _____ Citizen/Business Address _____

Employee _____ Citizen/Business Phone/Email _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Abandoned Vehicle | <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Liquor License Renewal Inspection |
| <input type="checkbox"/> Animal Control | <input type="checkbox"/> Sign | <input type="checkbox"/> MMJ Center Renewal Inspection |
| <input type="checkbox"/> Snow Removal | <input type="checkbox"/> Water | <input type="checkbox"/> Code Violation |
| <input type="checkbox"/> Speeding | <input type="checkbox"/> Weeds | <input type="checkbox"/> Occupancy Inspection |
| <input type="checkbox"/> Street Cleaning | <input type="checkbox"/> Trash | <input type="checkbox"/> Water/Sewer Line Break |
| <input type="checkbox"/> Street Light | <input type="checkbox"/> Records | <input type="checkbox"/> Insect/Pest Problem |
| <input type="checkbox"/> Street Patching | <input type="checkbox"/> Traffic Problem | <input type="checkbox"/> Other (Please Describe) |
| <input type="checkbox"/> Parks | <input type="checkbox"/> Drainage Problem | _____ |
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Date(s) / Time / Location of Occurrence: _____

Description of Request/Problem/Concern: _____

Directed To: _____

Action Taken: _____

Date of Action Taken: _____ Employee: _____