

SERVICE REQUEST ORDER

DATE RECD: _____

SERVICE ORDER NO.: _____

STREET NO.#: _____

STREET: _____

CONCERNING: (x)

STREET REPAIR: _____

ST. LIGHT REQUEST: _____

DRAINAGE: _____

WEEDS/GRASS: _____

CODES INSPECTION: _____

VEHICLES: _____

GARBAGE/TRASH: _____

DOGS/CATS: _____

INFO ONLY: _____

SANITARY SEWER: _____

SIGNAGE: _____

MISC.: _____

REQUEST DETAIL: _____

RECEIVED FROM: (x)

COMMIS: _____ CITY MANAGER: _____ CITIZEN: _____ CITY PERSONNEL: _____ POLICE: _____

CITIZEN'S NAME: _____

CITIZEN ADDRESS: _____

HM/WK PHONE#: _____

SERVICE REQUEST TO: (x)

Finance: _____ Sewer: _____ Fire: _____ Golf: _____ Parks/Rec.: _____ Police: _____

Planning: _____ Public Works: _____ Plant Board: _____ Commis. Off.: _____

Signature: _____

CITY MANAGER

SERVICE ORDER HAS BEEN HANDLED AS FOLLOWS

ACTION TAKEN/TO BE TAKEN (DESCRIBE FULLY): _____

SCHEDULED (DATE): _____ ***BEING PROCESSED (DATE):** _____

COMPLETED (DATE): _____ ***EST. COMPLETION (DATE):** _____

Signature: _____

FOLLOW UP: _____

Signature: _____

***ALL INITIAL Service Orders MUST BE Returned TO Public Works within Seven (7) Days.**

NOTE: SERVICE ORDERS MARKED "**Scheduled**" or "**Being Processed**" will require Follow-Up Responses to Public Works, within **Three (3) Days** of date shown until **S. O.** is **completed**.

DISPOSITION REPORTED TO: _____

(Complainant or Person Initiating Request)

VIA PHONE: _____ COPY OF WORK ORDER: _____ OTHER: _____

BY: _____ DATE: _____