

CITY OF MARYSVILLE SERVICE REQUEST

NO. _____

REQUEST

Requested by: _____

Request taken by: _____

Name/Dept: _____

Name: _____ Date: _____

Address: _____

Dept: ___Administration ___Building / Fire

Phone: _____

___Public Works ___Police

Service Location: _____

Parcel No.: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Non-Residential | <input type="checkbox"/> Vacant Lot/Building |
| <input type="checkbox"/> Concrete Work | <input type="checkbox"/> Streets | <input type="checkbox"/> Trash Pickup |
| <input type="checkbox"/> Curb | <input type="checkbox"/> Potholes | <input type="checkbox"/> Zoning (Violations) |
| <input type="checkbox"/> Gutter | <input type="checkbox"/> Sweeping | <input type="checkbox"/> Fire Prevention |
| <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Signs | <input type="checkbox"/> Abandoned Vehicle Abatement |
| <input type="checkbox"/> Drains | <input type="checkbox"/> Trees | <input type="checkbox"/> Weed Abatement |
| <input type="checkbox"/> Sewer | <input type="checkbox"/> Spray | <input type="checkbox"/> Nuisance Abatement |
| <input type="checkbox"/> Storm | <input type="checkbox"/> Remove | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> Parks | <input type="checkbox"/> Top | |
| <input type="checkbox"/> Mowing | <input type="checkbox"/> Trim | |
| <input type="checkbox"/> Sprinkler | <input type="checkbox"/> Street Lights | |

Explain the Request: _____

ROUTING

Referred to _____ by _____ Date _____

Assigned to _____ by _____ Date _____

Comment: _____

Clear Form

ACTION - DATE: _____

SUBMIT FORM

Action Taken: _____

----- REQUEST UNFOUNDED