

Citizen Work Order

Location of Problem: _____

Description of Problem: _____

Corrective Action Needed: _____

How Long Has Condition Existed: _____

Contact Person for Additional Information and Follow-Up:

Name: _____

Mailing Address: _____

Phone Number: _____

For Office Use Only:

Date Received & By: _____

Send Original to Dept. Supervisor and Copy to File in Clerk's Office

Forwarded To & Date: _____

Date Investigated & By: _____

City Responsibility? Y__ or N__ If No, Please Explain: _____

Corrective Action Taken, Date & By Whom: _____

Resident Follow-Up Action Taken, Date & By Whom: _____