

CITY OF CLEARLAKE

14050 Olympic Drive, Clearlake, CA 95422

NO. _____

SERVICE REQUEST FORM

**PUBLIC WORKS
ADMINISTRATION
TRAFFIC SAFETY COMM.**

**COMMUNITY DEVELOPMENT
FINANCE
ENGINEER**

**COUNTER
PHONE
MAIL-IN**

DATE OF REQUEST: _____ TIME: _____ DISPATCHED: _____

CUSTOMER NAME: _____ PHONE# _____

PHYSICAL ADD: _____ CROSS ST: _____

LOCATION OF PROBLEM: _____

DESCRIPTION: _____

FOR OFFICE USE ONLY

FINDINGS AND/OR CORRECTIONS

REPORT: _____

DEPARTMENT SUPERVISOR _____

SIGNATURE

DATE

Process sequence: (1) Copy to Responsible Dept. (1) Copy to Customer (1) Original at Front Counter
(Copy to responsible Department to be returned to Front Counter to be attached to original request)