



REQUEST FOR SERVICE/REPORT A PROBLEM

City of Grass Valley Public Works Department
125 E Main Street, Grass Valley, CA 95945
Phone: (530) 274-4350
Fax: (530) 274-4399

FOR CITY USE ONLY

Received By: _____

Phone Letter In Person

Date/Time: _____

The City of Grass Valley Public Works Department believes in providing quality services to our citizens. This includes offering easily accessible support to assist us in understanding your needs. Please complete this form to report problems or issues that you have concerns about. We appreciate your involvement and thank you.

Location of Service: _____

Person Filing Request: _____ Phone #: _____

Mailing Address: _____ Alt Phone #: _____

_____ Email: _____

Do you wish to remain anonymous? Yes No

Please describe your request: _____

Would you like to be notified once this request has been completed? Yes No If yes, how: Email Phone

TO BE COMPLETED BY CITY OF GRASS VALLEY STAFF:

Forward to and responsible for addressing: (Check only **ONE** Department/Division):

| | |
|---|---|
| <input type="checkbox"/> Mayor | <input type="checkbox"/> Public Works Director / City Engineer |
| <input type="checkbox"/> City Council | <input type="checkbox"/> Engineering Division |
| <input type="checkbox"/> City Administrator | <input type="checkbox"/> Streets / Parks / Facilities |
| <input type="checkbox"/> City Clerk | <input type="checkbox"/> Water |
| <input type="checkbox"/> Police Department | <input type="checkbox"/> Wastewater |
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> Fleet |
| <input type="checkbox"/> Community Development Department | <input type="checkbox"/> Finance / Administrative Services Department |
| <input type="checkbox"/> Building Official | <input type="checkbox"/> Other |

Investigation, Review and Comments (Please include dates): _____

Final Action: _____

Signed: _____ Dept.: _____ Work Order #: _____ Date: _____