

<b>City of Grass Valley Request for Service</b>			Date
			Time
Location of Service Needed:			Received by: <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> In Person <input type="checkbox"/> Other _____
Person Filing Request:			
Address		Hm. Phone	
City	St	Zip	Wk. Phone
Does the initiator wish to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nature of Request:			
Taken By (Staff):		Dept.	
<b>THIS SECTION FOR OFFICE USE ONLY</b>			
Suggestion/Complaint Assigned to (Check only <b>ONE</b> Lead Department/Division Manager):			
Lead	FYI	Lead	FYI
<input type="checkbox"/>	<input type="checkbox"/> Mayor	<input type="checkbox"/>	<input type="checkbox"/> Public Works Director/ City Engineer
<input type="checkbox"/>	<input type="checkbox"/> City Council	<input type="checkbox"/>	<input type="checkbox"/> PW Assistant Director, Operations
<input type="checkbox"/>	<input type="checkbox"/> City Administrator	<input type="checkbox"/>	<input type="checkbox"/> PW – Water/ Wastewater Plants Superintendent
<input type="checkbox"/>	<input type="checkbox"/> City Clerk	<input type="checkbox"/>	<input type="checkbox"/> Engineering – Senior Civil Engineer
<input type="checkbox"/>	<input type="checkbox"/> Chief of Police	<input type="checkbox"/>	<input type="checkbox"/> Recreation and Facility Manager
<input type="checkbox"/>	<input type="checkbox"/> Fire Chief	<input type="checkbox"/>	<input type="checkbox"/> Finance Director
<input type="checkbox"/>	<input type="checkbox"/> Community Development Director	<input type="checkbox"/>	<input type="checkbox"/> Human Resources Manager
<input type="checkbox"/>	<input type="checkbox"/> Planning Director	<input type="checkbox"/>	<input type="checkbox"/> Other _____
Investigation, Review and Comments (Please include dates):			
Final Action:			
Signed		Dept.	Date