

<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 PUBLIC WORKS DEPARTMENT USE ONLY</b>			
Assigned to (Check only <b>ONE</b> Lead Department/Division Manager):			
Lead		Lead	
<input type="checkbox"/> Mayor		<input type="checkbox"/> Public Works Director/ City Engineer	
<input type="checkbox"/> City Council		<input type="checkbox"/> PW Assistant Director – Streets, Parks, Facilities	
<input type="checkbox"/> City Administrator		<input type="checkbox"/> PW Assistant Director – Water / Wastewater	
<input type="checkbox"/> City Clerk		<input type="checkbox"/> Engineering – Senior Civil Engineer	
<input type="checkbox"/> Chief of Police		<input type="checkbox"/> Recreation and Facility Manager	
<input type="checkbox"/> Fire Chief		<input type="checkbox"/> Finance Director	
<input type="checkbox"/> Community Development Director		<input type="checkbox"/> Human Resources Manager	
<input type="checkbox"/> Planning Director		<input type="checkbox"/> Other _____	
Investigation, Review and Comments (Please include dates):			
Final Action:			
Signed		Dept.	Work Order #:
			Date

