

City of Williams
Department of Public Works
Request for Repair form

Date: _____

Time: _____

Submitted By

- General Public
- Council Member
- City Official
- City Employee

Name: _____
Department: _____
Address: _____
Phone: _____

Type of Request

- City Building _____
- Equip/Vehicle _____
- Street/ Sidewalk _____
- Park _____
- Traffic/Marking _____
- Sewer _____
- Water _____
- Other _____

Follow up

- In Process
 - Completed
- Referral Date: _____
Assigned to: _____
Referred Dept: _____

Follow up action taken:

- Yes No – Was the request or problem solved?
- Yes No – Was the person who made the request contacted?
- Was this contact by- visit phone letter date: _____
- Yes No Do similar situations/conditions exist?

Explain: _____

Completed by: _____ Completion Date: _____