City of Woodbine

Report/Work Order Form

Please print or type.

Name:_____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: Home: _____ Cell phone:_____

Business Phone: _____ Email address: _____

Type of Report:

□ Water/Sewer Dept. □ Street Dept. □ Other

Description of Report: (Fully explain the nature of the report. Describe events in the order in which they occurred. Use additional pages if necessary.)

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Report Taken by: □ **Phone** □ **Email** □ **Walk-in**

Date: _____ **Signed:** _____

Official use only (please do not write below this line) _____

Date received in this office: _____ **Date given to Dept. Head:** _____

Signature of person taking report: _____

Department complaint assigned to: _____ **Date:** _____

Signature of Department Personnel receiving report: _____

Action taken:

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Date resolved: _____

Signature of person handling report: _____

Notes:

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