

Water Acct: _____

No. _____



City of Mill City

P.O. Box 256
Mill City, OR 97360

Phone: 503-897-2302 ♦ Fax: 503-897-3499
e-mail: millcity@wbcable.net

CITIZEN SERVICE REQUEST

DATE: ____ / ____ / ____ TIME: ____ A.M./P.M.

Received:	<input type="checkbox"/> In-person:	Initial _____
	<input type="checkbox"/> Letter / E-mail	_____
	<input type="checkbox"/> Telephone	_____

Person Filing Service Request:

Name: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Telephone: _____
Fax or E-mail: _____

If Request concerns a complaint, the complaint is against:

Location of Problem: _____
Landlord/Owner: _____
Resident/Tenant _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Assessors' Map: 9 3E ____ TL ____

Telephone: _____
Fax or E-mail: _____

Service Request (Describe Request, Complaint or Ordinance Violation):

If Ordinance Violation, Ordinance No. _____, Section _____.

Matter Referred to:
Mayor / Councilor _____

Date: _____

Staff: _____

Date: _____

Referred to Linn County Sheriff
Referred to (Agency) _____

By: _____ Date: _____
By: _____ Date: _____

Action Taken (Describe):

Completed By: _____ Date: _____

Unable to Resolve(Closed) By: _____ Date: _____

Citizen Contacted w/ Resolution By: _____ Date: _____