

WORKS REQUEST FORM



| | | |
|--|---|--|
| DEPARTMENT | REQUEST ORIGIN | ENQUIREY VIA |
| <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> DRAINAGE <input type="checkbox"/> ROAD MAINTENANCE <input type="checkbox"/> PARKS & GARDENS <input type="checkbox"/> BUILDING MAINTENANCE <input type="checkbox"/> OTHER | <input type="checkbox"/> RESIDENT <input type="checkbox"/> RATE PAYER <input type="checkbox"/> LOCAL BUSINESS <input type="checkbox"/> COUNCIL OFFICER <input type="checkbox"/> OTHER | <input type="checkbox"/> COUNTER <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL |

DATE: _____ **URGENT:** **YES / NO**
NAME: _____
POSTAL ADDRESS: _____
PHONE: _____ **MOBILE:** _____
LOCATION ADDRESS: _____

PLEASE TICK THE BOXES THAT BEST DESCRIBE YOUR REQUEST

| ROADS | FOOTPATHS | PARKS | BUILDINGS |
|---|--|--|--|
| <input type="checkbox"/> POTHOLE <input type="checkbox"/> KERB <input type="checkbox"/> SPILL <input type="checkbox"/> GUIDE POSTS <input type="checkbox"/> GRADING <input type="checkbox"/> GRAVEL REQUIRED <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> PATCH <input type="checkbox"/> CRACK SEAL <input type="checkbox"/> RESEAL <input type="checkbox"/> SHOULDERS <input type="checkbox"/> GRAFFITI <input type="checkbox"/> LINE MARKING <input type="checkbox"/> TREE ROOTS <input type="checkbox"/> CATS EYES <input type="checkbox"/> BROKEN GLASS | <input type="checkbox"/> TRIP HAZARD <input type="checkbox"/> BROKEN <input type="checkbox"/> UNEVEN <input type="checkbox"/> REINSTATE <input type="checkbox"/> GRAFFITI <input type="checkbox"/> FOREIGN MATERIAL <input type="checkbox"/> SHRUBS/TREES PRUNE <input type="checkbox"/> SMASHED GLASS <input type="checkbox"/> RUBBISH <p style="text-align: center;">SIGNS</p> <input type="checkbox"/> REPLACING <input type="checkbox"/> UPDATING <input type="checkbox"/> MISSING <input type="checkbox"/> GRAFFITI <input type="checkbox"/> RUN OVER <input type="checkbox"/> FADED/OLD <input type="checkbox"/> ILLEGIBLE <input type="checkbox"/> RELOCATE <input type="checkbox"/> INCORRECT <input type="checkbox"/> REQUIRED <p style="text-align: center;">CULVERTS</p> <input type="checkbox"/> NEED INSTALLING <input type="checkbox"/> BROKEN PIPE <input type="checkbox"/> BROKEN HEADWALL <input type="checkbox"/> NEEDS HEADWALLS <input type="checkbox"/> BLOCKED <input type="checkbox"/> SUNK <input type="checkbox"/> BACKWASHING | <input type="checkbox"/> VANDALISM <input type="checkbox"/> MOWING <input type="checkbox"/> RETICULATION <input type="checkbox"/> SLASHING <input type="checkbox"/> SPRAYING <input type="checkbox"/> EDGING <input type="checkbox"/> PLAYGROUND EQUIP <input type="checkbox"/> SAND <input type="checkbox"/> RUBBER SOFT FALL <input type="checkbox"/> PRUNING <input type="checkbox"/> FERTILIZING <input type="checkbox"/> WEEDING <input type="checkbox"/> LANDSCAPING <input type="checkbox"/> BBQ'S <input type="checkbox"/> ROTUNDA <input type="checkbox"/> BENCHES <input type="checkbox"/> BOLLARDS <input type="checkbox"/> GATES <input type="checkbox"/> CAR PARK <input type="checkbox"/> VERGE <input type="checkbox"/> SIGNS <input type="checkbox"/> SHADE STRUCTURE <p style="text-align: center;">MEDIUM ISLANDS</p> <input type="checkbox"/> PRUNING <input type="checkbox"/> TREE REMOVAL <input type="checkbox"/> WEEDS <input type="checkbox"/> MULCHING <input type="checkbox"/> PLANTING | <input type="checkbox"/> GUTTERS <input type="checkbox"/> WINDOWS <input type="checkbox"/> GRAFFITI <input type="checkbox"/> TILES <input type="checkbox"/> ROOF <input type="checkbox"/> BRICKS <input type="checkbox"/> DRAINS <input type="checkbox"/> LOCKS <input type="checkbox"/> SMOKE ALARMS <input type="checkbox"/> FENCING <input type="checkbox"/> FANS <input type="checkbox"/> AIRCON <input type="checkbox"/> TAPS <input type="checkbox"/> TOILETS <input type="checkbox"/> PAINTING <input type="checkbox"/> HOT WATER SYSTEM <p style="text-align: center;">OTHER</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

EXTRA DETAILS: _____