

**RESIDENT SERVICE REQUEST FORM
CITY OF WEST PEORIA**

DATE: _____

TIME: _____

PERSON REQUESTING SERVICE: _____

ADDRESS: _____ TELEPHONE: _____

NATURE OF SERVICE REQUEST:

CITY PERSONNEL CONTACTED: _____

CITY PERSONNEL ASSIGNED: _____

SUMMARY OF FINDINGS: _____

ACTION TAKEN: _____

FOLLOW UP ACTION TAKEN: _____

OTHER PERSONNEL OR AGENCIES INVOLVED (CHECK ALL THAT APPLY AND INDIVIDUAL CONTACT):

____ STREET DEPARTMENT

____ LIGHTING DISTRICT

____ CODE ENFORCEMENT

____ COUNTY POLICE

____ FIRE DEPARTMENT

____ CITY ATTORNEY

____ PEORIA COUNTY HEALTH DEPARTMENT

____ ZONING