

VILLAGE OF SALMO CIVIC WORKS SERVICE REQUEST FORM

423 Davies Avenue, PO Box 1000 Salmo, BC V0G 1Z0 Tel: 250-357-9433 Fax: 250-357-9633 www.salmo.ca

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|--|-----------|----------|---------------|--|
| Name: | | Da | ite: | |
| (please print) | | office | | |
| ., , | | only – | date eived | |
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| Addiess. | | Tel: | | |
| City/Town: | | | | |
| ,, | | Postal | l Code: | |
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| Please | Details: | | | |
| provide as | | | | |
| much of the | | | | |
| information | | | | |
| as you can | | | | |
| regarding | | | | |
| your request. | | | | |
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| | Signature | Date | | |
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| Subject Property (If Applicable): | | | | |
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| THIS SECTION IS TO BE COMPLETED BY STAFF | | | | |
| Information | | | | |
| Received By: | | | | |
| Date and Time | | | | |
| Received: | | | | |
| Action Taken: | | | | |
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| Date and Time | | | | |
| of Action | | | | |
| Taken: | | | | |
| Issue | | | | |
| Resolved? | | | | |
| Yes/No | | | | |
| Further action | | | | |
| required: | | | | |

Completed forms can be faxed to (250) 357-9633 or emailed to info@salmo.ca.