

CITY OF OCEAN SHORES

DEPARTMENT OF PUBLIC WORKS

FRESH WATERWAY HAZARD REPORT/SERVICE REQUEST LOG

Received From: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

LOCATION OF HAZARD OR SERVICE (please attach photos if possible)

DIV _____ BLOCK _____ LOT _____ Address: _____

Other Description _____

Email: _____ Phone: _____

Nature of Hazard: _____

ACTIONS

Referred To:: _____ Date of Action: _____

Summary of Action: _____

Email: _____ Phone: _____

FINAL FOLLOWUP ACTIONS

Request Considered Closed: _____

Final Review By:: _____ Date: _____

Comments: _____

