

cordova

street & sanitation department

WORK ORDER REQUEST

NAME: _____

PHONE: _____

ADDRESS: _____

DATE & TIME REQUESTED: _____
(Check One)

___ BLACK ROCK _____

___ CLEAN OUT CULVERT _____

___ PICK UP BRUSH _____

___ PICK UP GARBAGE _____

___ CHECK SEWER _____

___ CUT WEEDS OFF SIDE OFF ROAD _____

___ STREET SIGN DOWN _____

___ TRAFFIC LIGHT OUT _____

___ STREET LIGHT OUT _____

___ OTHER _____

Please return completed form via email: wayne.brown@cityofcordova.org,
via fax 483.7015, via mail or drop off at the City Clerk's office 3885 N. Mass Ave.