



City of Port Lincoln

Template No 14-67-T2

Address: Level One, Civic Centre, 60 Tasman Terrace, Port Lincoln SA 5606
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WORKS REQUEST

NAME:	ADDRESS:
ASSESS NO:	
Telephone No.: (Home)	(Mobile)

REQUEST:

CONSTRUCTION	File No <input type="checkbox"/> 14.67.2.1	PARKS & GARDENS	File No <input type="checkbox"/> 16.67.2.6
<input type="checkbox"/> Footpath repair (10)	<input type="checkbox"/> Pothole (5)	<input type="checkbox"/> Bees (5)	<input type="checkbox"/> Public Conveniences (5)
<input type="checkbox"/> Dead Animal Removal (1-2)	<input type="checkbox"/> Road Sweeping (5)	<input type="checkbox"/> Fire Hazard (10)	<input type="checkbox"/> Tree Trimming (20)
<input type="checkbox"/> Drainage (10-20)	<input type="checkbox"/> Signage (10)	<input type="checkbox"/> Graffiti (5)	<input type="checkbox"/> Tree Removal
<input type="checkbox"/> Driveways (10-20)	<input type="checkbox"/> Vandalism (10)	<input type="checkbox"/> Mowing (15)	<input type="checkbox"/> Weed Control (15)
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

LOCATION & DESCRIPTION OF WORK REQUEST:

Signature: _____ **Date** / /

OFFICE USE ONLY:

Request taken/completed by: _____

Request Allocated to: _____

Respond by / /

Records Save + Email

ACTION TAKEN:

Supervisor: _____ Date / /

RECORDS: No Further Action Date / /