

WORKORDER
City of Grand Saline

Name _____ Date: _____ Time: _____

Address: _____ Phone: _____

Location of Complaint _____

<u>Water</u>	<u>Wastewater</u>	<u>Streets</u>	<u>Parks & Pool</u>
Turn on service Turn off service Reread Check for leak Other	Clean Main Clean Service Line Sewer Back up Other	Clean culvert Clean Drainage Repair Driveway Repair Sign Patch holes Pick up brush Other	Mow Fields Mow Park Cleaning Fields Cleaning Part Repair Equipment other

Description of problem: