



CITY OF ZILLAH
CITIZEN ACTION REQUEST FORM
 Rev: 7/2016

- Class 1 - Requires action IMMEDIATELY
- Class 2 - Requires action within 48 hours
- Class 3 - Requires action within 7 days

Name of Reporting Party: _____
 Physical Address of Reporting Party: _____
 Mailing Address of Reporting Party: _____
 Phone Number of Reporting Party: (Work) _____ (Home) _____ (Cell) _____
 Email address of Reporting Party: _____
 Department of Reporting Party (if City of Zillah Employee): _____
 Date and Time the condition was noted: _____

SPECIFIC LOCATION OF OCCURRENCE:

Name(s) of Person(s) involved:	Address	Phone Number

Describe the Condition/Problem in Detail (Attach supplemental documentation if appropriate)

Do you request a response from the City of Zillah Yes _____ No _____
 If yes, (please check one of the following): _____ phone _____ email _____ mail

BELOW SECTIONS TO BE COMPLETED BY CITY OF ZILLAH:

FORWARD TO:				
	ADMINISTRATION		PUBLIC WORKS	PLANNING DEPARTMENT
	FIRE		Parks/ Maintenance	Nuisance Abatement:
	POLICE		Animal Control	Building/Code Enforcement:
			Public Works – Streets	
			Public Works – Sewer	
			Public Works – Sanitary Sewer	
			Public Works - Water	OTHER:
			Public Works - Cemetery	

COPIES TO: (1) Administration (2) Department Involved (1-for their files & 2–Response to Administration)

Action Taken (To be Completed by Responding City Department)

What corrective measures were taken or assistance given? If none, explain.

COMPLETED BY:	DEPT.	DATE:
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ATTACH PHOTOS OR OTHER INFORMATION THAT PERTAINS TO THE REQUEST.