



201 North Lassen • Willows, California 95988 • (530) 934-7041 • FAX (530) 934-7402



## Inter-Agency Service Request Form

Request Submission Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility/Property Name: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Location details (e.g., "North side of the building," "near the baseball field scoreboard"):

\_\_\_\_\_

Please provide a detailed description of the service needed, include pictures if available:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUBMISSION:** Please submit via email to [jbettencourt@cityofwillows.org](mailto:jbettencourt@cityofwillows.org) or in office or via mail at 201 N. Lassen St. Willows, CA 95988.

### For Internal Office Use Only

☐ Approved by: \_\_\_\_\_

☐ Denied (Reason): \_\_\_\_\_

Action Taken: \_\_\_\_\_

Service Request Number: \_\_\_\_\_

Completion Date: \_\_\_\_\_