



REQUEST FOR SERVICE

Request # SR05 - _____

CITY OF FRANKLIN, NEW HAMPSHIRE

Request / Complaint Information

Name of Requester: _____ Address: _____

Telephone: _____ Other Contact Info: _____

Location of Service Request/Complaint _____

Brief Description of Problem: _____

Signature _____ Date _____

For City Use Only - Department Service Summary

Received by: _____ Date: _____ Time: _____ PM AM

Department Responder: _____

Responded to Requestor? Yes No

Date Completed: _____

Method: Telephone Written In Person

Department(s) Responsible for Service:	
<input type="checkbox"/> Municipal Services	<input type="checkbox"/> Police
<input type="checkbox"/> Fire	<input type="checkbox"/> Planning
<input type="checkbox"/> Finance	<input type="checkbox"/> Code Enforcement
<input type="checkbox"/> Parks and Recreation	<input type="checkbox"/> Library
Copy to:	
<input type="checkbox"/> Mayor & Council	<input type="checkbox"/> City Manager
<input type="checkbox"/> Municipal Services	<input type="checkbox"/> Police
<input type="checkbox"/> Fire	<input type="checkbox"/> Planning
<input type="checkbox"/> Finance	<input type="checkbox"/> Code Enforcement
<input type="checkbox"/> Parks and Recreation	<input type="checkbox"/> Library

Action Narrative: _____
