



MARK R. JOHNSON  
Mayor

# CITY OF COVINGTON

PUBLIC WORKS OFFICE

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## WORK ORDER REQUEST

LOCATION: \_\_\_\_\_

DESCRIPTION (TYPE OF PROBLEM): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YOUR NAME: \_\_\_\_\_

YOUR LOCATION: \_\_\_\_\_ YOUR PHONE NUMBER: \_\_\_\_\_

Please check one of the following:

- Report a sewer problem
- Report a lift station issue
- Report a water problem
- Report a drainage issue
- Report a pothole
- Report a missing or damaged street sign

*Sketch, photo or notes*

*For office use only*

**Comments / Action:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**City Representative:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_