



**CITY OF MANITOU SPRINGS  
PUBLIC WORKS  
REPORT A PROBLEM / MAKE A REQUEST**

**Date:** \_\_\_\_\_

**Request/ Report made by:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Alt Phone #** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Type of Problem:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Drain / Culvert        | <input type="checkbox"/> Equipment           | <input type="checkbox"/> Mineral Springs / Fonts  |
| <input type="checkbox"/> Park Maintenance       | <input type="checkbox"/> Painting / Graffiti | <input type="checkbox"/> Sidewalk                 |
| <input type="checkbox"/> Snow & Ice             | <input type="checkbox"/> Street Debris       | <input type="checkbox"/> Street Surface / Pothole |
| <input type="checkbox"/> Traffic / Parking Sign | <input type="checkbox"/> Trees / Vegetation  | <input type="checkbox"/> Water / Sewer            |
| <input type="checkbox"/> Other: _____           |  |   |

**Area of Problem (Only one area per Public Works Request):**

**Street Address:** \_\_\_\_\_

**Intersecting Street:** \_\_\_\_\_

**Location Description:** \_\_\_\_\_

(by the mailbox, NW corner, behind the bush, etc...)

**Description of problem / request (no more than 3 per Public Works Request):**

Return completed form to Alicia Stoke in City Administration, [astoke@comsgov.com](mailto:astoke@comsgov.com)

|                           |                          |                 |
|---------------------------|--------------------------|-----------------|
| <b>For City Use Only:</b> | Assigned to:             | Date assigned:  |
|                           | Completed By (sign):     | Date completed: |
|                           | Comments / Action taken: |                 |