TOWN OF SULLIVAN HIGHWAY DEPARTMENT WORK REQUEST

Name:			
Address:			
City:			
Daytime Phone #:		We will conta	ct you to discuss your request
Today's Date:			
Please mark the ap	ppropriate box or box	es with an "x"	
Mailbox	Potholes	Ditching Bı	rush Tree Work
Culverts	Shoulders	Driveway Si	gns Snow
Other (prov	ide description)		
Details of Request	(include exact locatio	on on property)	
Office Use Only			
Action Required:			Dig Safe #
Action Taken:			
Completed By:			Date Completed: