VILLAGE OF LYTTON | SERVICE REQUEST FORM

SECTION 1: RESIDENT INFORMATION

FULL NAME:			DATE OF REQUEST:
ADDRESS:		CITY, PROVINCE:	POSTAL CODE:
PHONE NUMBER:	CELL NUMBER:	EMAIL:	

SECTION 2: TYPE OF SERVICE REQUEST

PLEASE CHECK ONE OR MORE OF THE FOLLOWING	
☐ ROAD REPAIR / POTHOLE	☐ GRAFFITI REMOVAL
☐ STREETLIGHT OUTAGE	☐ TREE TRIMMING / FALLEN TREE
☐ GARBAGE COLLECTION ISSUE	☐ NOISE COMPLAINT
☐ WATER / SEWER PROBLEM	☐ ANIMAL CONTROL
OTHER:	

SECTION 3: LOCATION OF THE ISSUE

ADDRESS:	CITY, PROVINCE:	POSTAL CODE:

OR DESCRIPTION OF LOCATION / PROBLEM :_____

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PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE

PREFERRED CONTACT METHOD:

PHONE ☐	EMAIL ☐	NO CONTACT NEEDED ☐

FOR OFFICE USE ONLY

RECEIVED BY:		DATE RECEIVED:	ASSIGNED TO:
STATUS:	OPEN ☐	IN PROGRESS ☐	COMPLETED ☐
COMPLETION DATE:			