

COUNCIL REQUEST FORM



Date: _____

Reporting Resident: _____

Brief Description of Situation: _____

Further Details Attached? YES / NO (please circle)

Supporting Documentation Attached? YES / NO (please circle)

Supporting Photos Attached? YES / NO (please circle)

(This section to be completed by management/supervisor)

Employee Receiving Request: _____

Comments (if any): _____

Signature

Signature

Signature