Town of Gilford, NH
Department of Public Works

REQUEST FOR ACTION

Date:_____ Time:_____ Completed by:_____ No:_____-_____

PLEASE COMPLETE THIS SECTION ONLY

Name:_____ Address:_____

Phone:_____ Cell:_____ E-mail:_____
(optional) (optional)

Request:_____

Assigned to:_____ Date:_____ By:_____
Employee No. Initials of assignor

Reviewer:_____ Response:_____

Reviewer initials:_____ Date:_____

Request completed:_____ Date Completed:_____
Directors Signature

Copy(s) to:_____