

CITY OF FALLS CITY

299 Mill Street, Falls City, OR 97344

PUBLIC WORKS INVESTIGATION REPORT

Today's Date: _____

Name of person filing Report (Optional) _____

Address: _____

Phone Number: _____ Cell Number _____

Resident: _____ Non Resident: _____

Location of Investigation/Complaint: _____

Details of complaint:

Are there any known or suspected hazards at this location? Yes ____ No ____

If YES, please identify hazard in detail:

Action Needed: _____

Action Taken: _____

_____ By: _____

FOR OFFICE USE ONLY

File No. _____ Received by: _____ Date: _____

Investigation Processed By: _____ Completion Date _____