TOWN OF BARNES
REQUEST FOR SERVICE

Date _____ Time _____ Taken By _____

Name _____ Phone _____

Address _____

Contact was by: ___ Telephone
___ In Person
___ Letter

Nature of Request: _____

_____

_____

_____

_____

_____

Signature of person requesting service: _____

Check Person or Dept. Below to Which Request was referred on _____
[Copy always goes to Town Board] (date)

___ Town Chair

___ Clerk-Treasurer

___ Constable

___ Town Board

___ Other _____

___ Ambulance/Fire Department

___ Road & Property Foreman

___ Recreational Committee

Action Taken: _____

_____

_____

_____