

City of Milpitas Customer Service Request

Address/Location: _____

(Optional) Received From: _____ Telephone No.: _____

Address: _____

SUBJECT: _____

DETAILS: _____

Received by: _____ Dept.: _____ Date: _____ Check if NBO

Section Referred To: _____

DEPARTMENT ACTION: _____

In-house Response Letter Required Follow Up Required No Response Necessary

DATE COMPLETED: _____ **BY:** _____

Total Hours: Reg: _____ OT: _____ Activity Code: _____

Bordered Line For Official Use Only

Distribution: White-Responsible Dept.

Yellow-Action Copy

Pink-Originating Party