

WORK ORDER FORM

Resident Request

Fax to: 850-233-5116 or email to Marsha.Rivett@pcbfl.gov

Requested by: _____ Date: _____ Telephone #: _____

STORMWATER DEPARTMENT

Location: _____

Examples list below:

- Driveway Problems Storm Inlet Clogged Flooding Roadside Swale Cut
- Storm Inlet Damaged Swale Regrading Culvert Clogged Storm Grate Damaged
- Culvert Damaged New Storm Inlet Request

Repair Request: _____

Beach Out Fall:

Condition(s) Needing Repair (Please check item (s))		Condition(s) Needing Repair (Please check item (s))	
Meandering		Continuous/Structure	
Structure Repair		Problem	
Sand Replacement			
Structure Clean Out		Intermittent /Draining	
Drive Grading Repair		Problem	

Comments: _____

To Be Completed by Panama City Beach Street Dept.

Employee Assigned: _____ Date: _____ Completed: _____

Employee Sign Off: _____

Employee/Supervisor Comments: _____

Supervisor Signature: _____ Date: _____