



CITY OF OCEAN SHORES
 DEPARTMENT OF PUBLIC WORKS
FRESH WATERWAY HAZARD REPORT/
SERVICE REQUEST LOG

Received From: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

LOCATION OF HAZARD OR SERVICE (please attach photos if possible)

DIV _____ BLOCK _____ LOT _____ Address: _____

Parcel# / Other Description _____

Email: _____ Phone: _____

Nature of Hazard: _____

For internal use

ACTIONS

Water Hazard Report # **WHZ-** _____

Referred To: _____ Date of Action: _____

Summary of Action: _____

Email: _____ Phone: _____

FINAL FOLLOW UP ACTIONS

Request Considered Closed: _____

Review By: _____ Date: _____

Comments: _____

