

**CITY OF UNDERWOOD**  
**241 Third Street, PO Box 40, Underwood, IA 51576**  
**(712) 566-2373 Fax: (712) 566-2073**  
**MAINTENANCE REQUEST FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number/Email: \_\_\_\_\_

**Location of Request:**

- |                                                  |                                               |                                          |
|--------------------------------------------------|-----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Park—Fire Department    | <input type="checkbox"/> LS#1                 | <input type="checkbox"/> Mulberry Gravel |
| <input type="checkbox"/> Cemetery                | <input type="checkbox"/> LS#2                 | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Housing Addition: _____ | <input type="checkbox"/> LS #3                | <input type="checkbox"/> Describe: _____ |
| <input type="checkbox"/> City Hall               | <input type="checkbox"/> By old middle school | _____                                    |
| <input type="checkbox"/> Fieldcrest              | <input type="checkbox"/> Industrial           |                                          |
| <input type="checkbox"/> Fire Station            | <input type="checkbox"/> Trailhead Park       |                                          |
| <input type="checkbox"/> Charles Drive           | <input type="checkbox"/> Shop –Milwaukee      |                                          |

**Description of the request:**

- |                                          |                                          |                                           |
|------------------------------------------|------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Pot Hole        | <input type="checkbox"/> Street Sign     | <input type="checkbox"/> Road (Specify    |
| <input type="checkbox"/> Sidewalk        | <input type="checkbox"/> Broken Concrete | <input type="checkbox"/> Location): _____ |
| <input type="checkbox"/> Flags Half-Mass | <input type="checkbox"/> Overgrown weeds | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Branches Down   |                                          |                                           |

Proposed Deadline to Correct: \_\_\_\_\_

\_\_\_\_\_

Print Name of Requestor

\_\_\_\_\_

Signature of Requestor

\_\_\_\_\_

Received By:

\_\_\_\_\_

Date:

In Right of Way?     Yes     No

Completion Date: \_\_\_\_\_

Print Name/Signature of Who Completed: \_\_\_\_\_

Outstanding Issue? \_\_\_\_\_