

# WORK ORDER

City of Cole Camp  
401 W Main PO Box 36  
Cole Camp, MO 65325

FOR: \_\_\_\_\_ DEPARTMENT

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

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

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

Tele # \_\_\_\_\_

Description of problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## TO BE COMPLETED BY CITY OF COLE CAMP REPRESENTATIVE:

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature of City Employee: \_\_\_\_\_