

CITY OF NEWPORTREQUEST FOR CITY SERVICES

Name:	Phone:
Address (Physical and mailing):	
City of Newport Resident? ☐ Yes ☐ No	
If you are a renter, who is the legal owner of your home?	
REQUEST FOR CITY SERVICES: A: Please describe the specific services you are requesting from the City of Newport:	
B: Have you requested these services previously from the City? If yes, what was the result?	
Cincoton of Citizen	Date
Signature of Citizen	Date
(For City	Use Only)
Request Received By:	Date:
Forwarded To:	Date:
City Response to Request:	
,	
Signature of Employee	Date