

City of Mobile
Structural Control Maintenance Request Form
INSPECTOR TO FILL OUT

Priority Level of Maintenance Requested (1 – 3; 3 being highest priority): _____

Facility ID: _____

Quarter: _____

Inspector Name: _____

Date: _____

Facility Coordinates: Lat: _____

Long: _____

Description of Structural Control Location (Give Details): _____

Structural Control Function: _____

Description of Repairs Needed: _____

PUBLIC WORKS TO FILL OUT

Date: _____

Employee: _____

Description of Maintenance Performed (Please include the type of material that is removed/added):

Quantity of Material Removed (cy): _____

Quantity of Vegetation Cut (cy): _____

Quantity of Material Added (cy): _____

Reason Why Maintenance Not Performed:

- Not affecting structural flow
- Called to higher priority situation (reschedule date found below)
- Equipment inoperable:
 - VAC Truck
 - Video Truck
 - Grade All
 - Other (List equipment #) _____

Other: _____

Reschedule Date: _____

Supervisor Signature: _____