CITY OF OAK HARBOR
Development Services Department

FRONT COUNTER INQUIRY SHEET DATE TIME

Name: _____

Telephone: (__) ____-____ Fax: (___) ____-_____ Email: _____

Subject Address: _____

Public Work Division
Engineering _____
Water / Sewer _____
Garbage _____
Parks _____
Streets _____

Development Services Division
Planning _____
Building _____

Request:

_____

_____

_____

_____

_____

_____

_____

Action Taken:

_____

_____

_____

Response Date / Staff Initials: _____