



Resident Request Form

Resident Information

Resident's Name: _____ Date: _____

Resident's Address: _____

City, State, Zip Code

Phone: _____ Email: _____

(Enter only numbers.)

Request Information

Category: Street Streetlights Zoning Code Enforcement Other
 Sanitary Sewer Storm Sewer Building Inspection Subdivision

Site Address: _____
(If different from resident's address)

Request: _____

SUBMITTAL INSTRUCTIONS: Download the form, complete all applicable fields, and email to: info@stmaryspa.gov

For City Use Only

Date Received: _____ Request #: _____

Received by: _____

Assigned to: _____

Received Type: Letter Form In-Person Email

Priority: Routine Urgent

Response: _____

Revision Date: 10/25/2022

Physical Location of Form: 2nd floor lobby. Electronic location of Form: Shared Drive/Administration/CityForms