



David M. Apatang  
Mayor of Saipan

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## CUSTOMER SERVICE REQUEST FORM

CUSTOMER/ORGANIZATION NAME	
VILLAGE & STREET NAME:	DATE NEEDED:
LOCATION: Please sketch map at the back of this form.	
<b>Contact Information:</b>  Phone: _____ Email: _____	

**The Operations Division in the Office of the Mayor of Saipan will determine if Coral is needed for the type of service(s) requested.**

**Please mark X or √ all type of service(s) requested.**

<input type="checkbox"/> Debris Removal  <input type="checkbox"/> Secondary Road Repair  <input type="checkbox"/> Roadside Clearing  <input type="checkbox"/> Junk Car Removal	<input type="checkbox"/> Tree Pruning/ Tree Cutting  <input type="checkbox"/> Trash Trailer  <input type="checkbox"/> Water Delivery  <input type="checkbox"/> Water Buffalo	<input type="checkbox"/> Fiesta  <input type="checkbox"/> Funeral  <input type="checkbox"/> Other _____
<b>Describe/Explain:</b>		

Requested by: \_\_\_\_\_  
Print Name and Sign

\_\_\_\_\_ Date

<b>MOS ASSESSMENT:</b>
DATE STARTED: _____ DATE COMPLETED: _____ COMPLETED BY: _____
EQUIPMENT/ TOOL USED: _____
MANPOWER: _____

DRAW MAP OR SKETCH LOCATION BELOW

CUSTOMER: \_\_\_\_\_  
LOCATION: \_\_\_\_\_