



David M. Apatang
Mayor of Saipan

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
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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.	
Contact Information: 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"/> Fiesta	<input type="checkbox"/> Funeral	<input type="checkbox"/> Junk Car Removal
<input type="checkbox"/> Road Repair	<input type="checkbox"/> Tree Pruning/ Tree Cutting	<input type="checkbox"/> Trash Trailer	
<input type="checkbox"/> Water Buffalo	<input type="checkbox"/> Water Delivery	<input type="checkbox"/> Other _____	
Describe/Explain:			

Requested by: _____
Print Name and Sign
Date

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

DRAW MAP OR SKETCH LOCATION BELOW

CUSTOMER: _____
LOCATION: _____