

MISCELLANEOUS REQUESTS POLICY

Subject: Miscellaneous Requests Ref: Public Works Code: 32

Date Approved: December 12/06 Motion No: 832/12/12/06 Replaces: 128/10/02/02;
208/14/04/98; 508/12/94/22

The Municipal District of Northern Lights
No.22 believes in providing cost effective
services to its ratepayers.

The MD, through its Transportation
Department, shall endeavor to provide and
maintain an effective and safe road system with
the resources reasonably available, in order to
promote the growth and prosperity of the
municipality and its residents.

Signed: _____
Chief Elected Official

Signed: _____
Chief Administrative Officer

PROCEDURE:

1. The Public Works Department will accept and maintain a register of written requests. Requests will be recorded through the use of a “Work Order Form” (see copy attached as ‘Schedule A’), from MD residents accompanied by an accurate sketch plan. [Forms are available from the MD office.]
2. Each request will be entered into the MIMS system and forwarded to the area Leadhand. The Leadhand will analyze the request to determine whether or not it could fit into an existing MD program and determine if the work should be conducted.
3. The area Leadhand will draft a letter to the complainant for requests that are found to not fit into the MD programs or which for other reasons cannot be completed in a reasonable amount of time. The letter will clearly state the reasons the request will not be completed in a polite and professional manner. The letter and request will then be reviewed by the Director of Public Works (DPW) and sent to the complainant.
4. Requests which the area Leadhand determine will be carried out, will be tracked through the use of the “Work Order Form”. When the work has been completed, the form will be given to the DPW for review. After review, all pertinent information will be recorded into the MIMS software system by the Public Works Administrative Assistant.



Municipal District of Northern Lights No. 22

WORK ORDER

REPORTED PROBLEM:

Large empty box for describing the reported problem.

	N
W	E
S	

(Show Location Above)

Date Reported: _____
 Land Location: _____
 RR: _____ TWP: _____

Person Reporting:

Name: _____
 Address: _____

 Phone: _____

ASSIGNMENT

Date Assigned: _____

Task:

Special Instruction:

Worker Assigned

Supervisor

COMPLETED INFORMATION

Description of Work Done:

Date Completed: _____

GPS Co-Ordinates: _____

Supervisor: _____

MIMS INFORMATION

Assigned Request ID: _____

Asset Type : _____

Asset ID: _____

Network: _____

When

Complete:

Reviewed By: _____

DPW/CAO