



CITY OF DADE CITY CITIZEN REQUEST FORM

Date Rec'd _____

Name _____

Address _____

Phone: _____

Email: _____

☐ Streets

☐ Parks

☐ Solid Waste

☐ Utilities

Nature/Location of Problem:

Received by: _____

Referred to: _____

Action Taken: _____

Please email this form to tmauriello@DADECITYFL.com or you may deliver it to City Hall.

If you have any questions please call Tina Mauriello (352) 523-5050 ext 420.