



# CITIZEN'S CONTACT

<b>Department:</b>	
<b>Received By:</b>	
<b>Reason for Contact:</b>	
<b>File Location:</b>	

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Complaint/Violation: \_\_\_\_\_

Reporting Citizen's Name: \_\_\_\_\_

Citizen's Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Method of Contact: \_\_\_\_\_

- Reason for Contact:
- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Complaint           | <input type="checkbox"/> Right of Way | <input type="checkbox"/> Signage     |
| <input type="checkbox"/> Drainage            | <input type="checkbox"/> Sewer        | <input type="checkbox"/> New Project |
| <input type="checkbox"/> Maintenance Request | <input type="checkbox"/> Other _____  |                                      |

## Comments:

## Action to be Taken:

**Authorized By:**

**Date:**

**Forwarded To:**

**Date:**

## Departmental Notes: