TOWN OF WHITEFIELD
PUBLIC WORKS DEPARTMENT

SERVICE REQUEST / COMPLAINT / SUGGESTION FORM

(*) DENOTE REQUIRED INFORMATION

NAME*

ADDRESS*

PHONE #* E-MAIL

*ACTION WILL ONLY BE TAKEN ON A COMPLAINT IF CONTACT INFORMATION IS GIVEN*

SERVICE TYPE:*
☐ COMPLAINT
☐ SERVICE REQUEST
☐ INFORMATION/GENERAL

FOLLOW-UP CONTACT BY:*
☐ PHONE ☐ WRITTEN
☐ E-MAIL ☐ NONE

DESCRIPTION:

LOCATION:

TAKEN BY:*

TIME* DATE*

THIS SECTION TO BE COMPLETED BY PUBLIC WORKS OFFICIAL ONLY

OFFICIAL RESPONDING TO COMPLAINT/REQUEST:

TIME RECEIVED: DATE RECEIVED:

☐ TOWN ROAD ☐ NH DOT ROAD ☐ PRIVATE PROPERTY ☐ OTHER

ACTION TAKEN:

FOLLOW-UP BY: DATE: TIME: