

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: _____