



REQUEST FOR SERVICE

Date Received by Village

Complaint #

PLEASE CHECK THE APPROPRIATE DEPARTMENT:

____ Village Manager ____ Dept. of Public Works ____ Zoning Office
____ Police Department ____ Utility Department ____ Village Council

INQUIRER OR COMPLAINANT:

Name: _____ Phone Number: _____

Address: _____

SUBJECT PROPERTY OF INQUIRY OR COMPLAINT:

Address: _____ Owner: _____

Occupant: _____ Phone Number: _____

NATURE OF INQUIRY OR COMPLAINT:

Enter Complaint:

DATE AND ACTION TAKEN:

Action:

Date: _____