



VILLAGE OF WESTFIELD CENTER
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CITIZEN COMPLAINT/CITIZEN REQUEST FORM

DATE: _____	NAME: _____
TELEPHONE: _____	EMAIL: _____
ADDRESS: _____	
ADDRESS/LOCATION OF COMPLAINT/REQUEST: _____	

TOPIC OF COMPLAINT/SERVICE REQUESTED: (PLEASE CIRCLE APPROPRIATE CATEGORY.)

STREET REPAIRS
STREET SIGNS
STREET CLEANING
TREES/TREE LIMBS
ZONING VIOLATION

STORM SEWER
MOWING
SNOW PLOWING
SALTING
MISCELLANEOUS

COMPLAINT/REQUEST: _____

OFFICE USE ONLY

ACTION TAKEN:

SUPERINTENDENT

DATE