

CITY OF EVANSDALE

DEPARTMENT OF INFORMATION – PUBLICITY AND COMPLAINTS

LOCATION OF COMPLAINT: _____ DATE: _____

COMPLAINANT'S NAME: _____

COMPLAINANT'S ADDRESS: _____ PHONE: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> GARBAGE/RUBBISH | <input type="checkbox"/> TREES | <input type="checkbox"/> WEEDS |
| <input type="checkbox"/> JUNK CAR(S) | <input type="checkbox"/> DANGEROUS BUILDING | <input type="checkbox"/> OPEN HOLE |
| <input type="checkbox"/> ZONING VIOLATIONS | <input type="checkbox"/> SMOKE ABATEMENT | <input type="checkbox"/> MISUSE-CITY PROPERTY |
| <input type="checkbox"/> HEALTH HAZARD | <input type="checkbox"/> STORM SEWER | <input type="checkbox"/> STREET LIGHT |
| <input type="checkbox"/> WATER DRAINAGE | <input type="checkbox"/> STREET SIGN | <input type="checkbox"/> WATERMAIN LEAK |
| <input type="checkbox"/> FIRE HYDRANT | <input type="checkbox"/> STREET HOLES | <input type="checkbox"/> SANITARY SEWER |
| <input type="checkbox"/> CURB | <input type="checkbox"/> RATS/RODENTS | <input type="checkbox"/> NOISE |
| <input type="checkbox"/> BUS | <input type="checkbox"/> SIDEWALK | <input type="checkbox"/> STRAY ANIMAL |
| <input type="checkbox"/> OTHER (SPECIFY) _____ | | |

REMARKS

REFERRED TO:

- | | | |
|--|--|---|
| <input type="checkbox"/> POLICE DEPT | <input type="checkbox"/> FIRE DEPT | <input type="checkbox"/> ANIMAL CONTROL |
| <input type="checkbox"/> CITY ENGINEER | <input type="checkbox"/> PARKS & REC | <input type="checkbox"/> SEWER DEPT |
| <input type="checkbox"/> MET TRANSIT | <input type="checkbox"/> CITY ATTORNEY | <input type="checkbox"/> CDA |
| <input type="checkbox"/> MUNICIPAL HOUSING | <input type="checkbox"/> DEPT SOC. SERVICES | <input type="checkbox"/> HEALTH DEPT |
| <input type="checkbox"/> WATER DEPT | <input type="checkbox"/> PUBLIC WORKS DIRECTOR | <input type="checkbox"/> STREET DEPT |
| <input type="checkbox"/> MAYOR'S OFFICE | <input type="checkbox"/> CITY CLERK | <input type="checkbox"/> BUILDING INSPECTOR |
| <input type="checkbox"/> LIBRARY | <input type="checkbox"/> OTHER _____ | |

COMMENTS:

COMPLAINT TAKEN BY: _____ TIME: _____

DEPARTMENT: _____ DATE: _____