CITY OF PLYMOUTH
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Plymouth, WI 53073
Phone 920-893-1271
FAX 920-893-0183

CITIZEN REQUEST / COMPLAINT FORM

DATE_____ **TYPE OF ISSUE**_____

Name:_____
Address:_____
Telephone Number:_____

LOCATION:

DETAILED DESCRIPTION:

REQUESTED ACTION:

DO NOT WRITE BELOW THIS LINE

Received by: _____
Print Initial Date

Supporting Documentation Attached: _____

Responsible Person: _____
Plan of Action: _____

Proposed Completion Date: _____
Date Completed: _____ _____
Signature Date

8.5.2008