

CITIZEN'S CONCERN FORM

Today's Date: _____

Your Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Your email: _____

Matter of concern: mark with X

Streets/sidewalks Traffic/parking Water/Sewer Nuisance/noise Animal welfare

Boro employee (non-police)

Other

Date of occurrence: _____

Please describe reason for concern: _____

Your signature: _____

Internal use only

Case Number _____

Date concern received _____

Name of recipient _____

Reviewing person / party _____

Has concern been verified Yes No

Action recommended _____

Date action taken _____

Description of action taken _____