



CITY OF MILTON

NUMBER _____

CITIZEN CONCERN FORM

DATE RECEIVED: _____

TIME: _____

ESTIMATED RESPONSE BY: _____

(within 5 working days)

CITIZEN'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

REQUEST FOLLOW UP? Yes No ESTIMATED RESPONSE WITHIN 5 WORKING DAYS

NATURE OF CONCERN:

CITIZEN'S SIGNATURE: _____ DATE: _____

Forwarded to:			
<input type="checkbox"/>	Public Works	<input type="checkbox"/>	Fire
<input type="checkbox"/>	Planning & Community Development	<input type="checkbox"/>	Police
<input type="checkbox"/>	Finance	<input type="checkbox"/>	Other

TO BE COMPLETED BY RESPONDING CITY DEPARTMENT

ACTION TAKEN:

DATE CONCERN CLOSED: _____

CONCERN ADDRESSED BY: _____

If follow up contact was requested, date/method of follow up:
By: _____ Date: _____

Your address is requested for the express and sole purpose of enabling us to communicate any action we take regarding your request for services and to enable us to contact you in the event that more information is required for us to effectively respond to your situation.