



CITY OF MILTON  
**CITIZEN CONCERN FORM**

NUMBER \_\_\_\_\_

Date Received: \_\_\_\_\_

Time: \_\_\_\_\_

Estimated Response by: \_\_\_\_\_  
(within 5 working days)

\*\*\*\*\*

CITIZEN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

REQUEST FOLLOW UP? \_\_\_\_\_ YES \_\_\_\_\_ NO

WOULD YOU LIKE YOUR IDENTITY TO REMAIN ANONYMOUS? \_\_\_\_\_ YES \_\_\_\_\_ NO

NATURE OF CONCERN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITIZEN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*

Forwarded to:			
	Public Works		Fire
	Planning & Community Development		Police
	Finance		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.