

**City of Auxvasse**

**Request, Suggestion and Complaint Form**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_ Request      \_\_\_\_\_ Suggestion      \_\_\_\_\_ Complaint

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

Have any of the above been brought before the city council at a regular meeting?

\_\_\_ Yes \_\_\_ No    If Yes, the date brought to the council? \_\_\_\_\_

Received By \_\_\_\_\_

For official use only:

Number      20\_\_ - \_\_\_\_\_

Department referred to:

\_\_\_ Street    \_\_\_ Sewer    \_\_\_ Police    \_\_\_ Fire    \_\_\_ Water    \_\_\_ City Hall

Action Taken:

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

Completed By: \_\_\_\_\_

Date Answered or completed: \_\_\_\_\_