CITY OF AUXVASSE

COMPLAINT FORM

DATE: _____

Complaint made by: _____

Address: _____

Phone #: _____

Complaint:

_____

_____

_____

_____

_____

_____

Complaint Received by: _____

Department:

Street Department	( )	**Fire Department**	( )
Sewer Department	( )	**Water Department**	( )
Police Department	( )	**City Hall**	( )

Action Taken:

_____

_____

_____

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_____

Completed by: _____