

**Citizen's Concern Form
City of Tennille**

Date _____ Time _____ PM AM

Name _____

Address _____

Phone Number _____

Email Address _____

Department Receiving Complaint:

_____ City Office

_____ Public Works

_____ Police

What type of problem are you reporting?

_____ Pothole

_____ Damaged Curb

_____ Weeds

_____ Dogs Barking

_____ Abandoned Vehicles

_____ Litter

_____ Road Striping

_____ Blocked Drainage

_____ Street Lights

_____ Damaged Sidewalk

_____ Traffic/Road Signs

_____ Trees/Shrubs (overhanging)

_____ Noise Nuisance

_____ Hazardous Parking

_____ Storm Sewer Leaking/blockage

_____ Manhole Cover

_____ other

Nature of Complaint & Requested Action (Use reverse side of this page if necessary)

Signature of Complainant _____

For Office Use Only

Date Received: _____ Referred to: _____ Replied on: _____

Resolved: Yes No

Pending: Yes No

Notation: _____

By: _____ Date: _____

(Note: Return completed form to the Office of City Clerk)