

## **Complaint Form**

Date:	Name:	
Address:		
Account Number:		Phone:
Account Type: □ Utility	☐ Property Taxes	☐ Other; specify:
Description of problem or is	ssue:	
<b>NOTE:</b> Attach copies of all to pay relevant bills in order		nd information with this form. Customers must continue charges, or other penalties.
	OFFIC	E USE ONLY
Date received:		Date resolved:
Utility Only: Meter reading	<b>5</b> :	Leak?: □ Town side □ Customer side □ No
Comments/Actions Taken:		
Employee Signature		