



CITY OF PLYMOUTH
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CITIZEN REQUEST / COMPLAINT FORM

DATE _____ TYPE OF ISSUE _____

Name: _____

Address: _____

Telephone Number: _____

LOCATION: _____

DETAILED DESCRIPTION: _____

REQUESTED ACTION: _____

DO NOT WRITE BELOW THIS LINE

Received by:		Print	Initial	Date
Supporting Documentation Attached:				
Responsible Person:				
Plan of Action:				
Proposed Completion Date:				
Date Completed:				
	Signature			Date