



VILLE DE - TOWN OF

Gravelbourg

CITIZEN CONCERN FORM

CITIZEN INFORMATION	
Name	
Civic Address	
Mailing Address	
Contact Information	
Phone	
Email	

INFORMATION ABOUT CONCERN	
Specific address where the concern is coming from	
Type/Source of concern	<input type="checkbox"/> Street/Traffic <input type="checkbox"/> Lighting <input type="checkbox"/> Property <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Parks <input type="checkbox"/> Safety <input type="checkbox"/> Animal <input type="checkbox"/> Other _____

DESCRIPTION/DETAILS OF CONCERN

Please provide as much detail as possible: dates, times, duration, etc.

Have you discussed the concern with the person(s) involved?

Have you submitted any photographs with this application, if applicable? Yes No

Signature of applicant: _____

Date: _____

OFFICE USE ONLY

Report received by:	
Initial Response to concern	
Date: _____	Department Referred to:

ACTION PLAN

Analysis/Action Proposed	
Date Action Anticipated	
Person/Department Responsible	
Applicant Contacted? Yes / No	
Details	