City of Sutton Citizen Suggestion / Request / Complaint Form

Date.			
Time:		_ (am / pm)	
Citizen's name:			
Telephone number:			
Physical Address (location of issu	ue)		
What is your Suggestion, Reques	et, or Complaint to the City	of Sutton? (please I	pe specific)

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Citizen's Signature:			
City Staff receiving information:		:	
	(name)	(signature or ir	nitial)
Issue Area: (circle one)			
Electric – Water – Trash – Se Street/Road Enforcement – An	ewer – Security/Safety – N imal Control Issues – Yard	uisances – Zoning - d/Property Upkeep -	- City Code - Council Iss
Parks Committee – Ho Tree Committee – C Library Committee – Board of Ad	ousing Agency Committee community Redevelopmen ljustment – Public Works -	t Authority Committe	ee
To be filled in by the City Admin	nistrator		
City Department:	Contacted:	Date:	
Solution for Issue:			