

CIRCLE ONE: ANIMAL **ROAD** NOISE HAZARD NEIGHBOR BOUNDARY OTHER _____

TOWN OF MIDDLETOWN SPRINGS, VERMONT • REQUEST FOR PUBLIC ACTION

NAME		DATE
CONTACT PHONE:	REQUEST RECEIVED BY:	
PLEASE DESCRIBE THE PROBLEM, INCIDENT, OR REQUEST (use other side if necessary)		
PLEASE DESCRIBE YOUR DESIRED RESOLUTION—WHAT DO YOU WANT TO HAPPEN?		
WHO FOLLOWED UP FROM THE TOWN?		DATE
WHAT ACTION WAS TAKEN?		
COMPLAINANT ADVISED OF RESOLUTION BY		DATE
DATE THIS MATTER CLOSED:		

Please see any attached materials (law enforcement reports, health reports, etc) for further details.