Muskingum Township, Washington County, Ohio

CITIZEN COMMENT/COMPLAINT FORM

Citizen Name:		
Address:		
City/State/Zip:		
Phone No	Email:	
Area of Concern:		〕Signs
Complaint (be specific and include all de	etails, issue address, o	wner, contact information, if known):
anonymous information WILL NOT be p Internal Use Only:		
Taken by:		
Referred to:		Date:
Action Taken:		Date:
Comments:		
Followed-up with Citizen: Yes	No	Date:
Method of follow-up:		