

VILLAGE OF WAPPINGERS FALLS

NEW YORK

** Complete this form in triplicate.*

REQUEST OR COMPLAINT RECORD

To: _____ Date Received _____

_____ Chairman of Committee

Resident filing or making request or complaint _____

Address _____ Phone _____

To whom reported: _____

Description or details concerning the request or complaint:

Village Department referred to: _____

Department Foreman's Signature upon completion of work: _____

Date completed: _____

* Copies to:

1 copy to: Village Clerk upon completion of work.

1 copy to: Chairman of the Committee involved (he will use this in his report at the regular meeting of the Village Board).

1 copy to: Retained by the Village Department Unit for its record.