

**OFFICE OF THE CLERK
P.O. BOX 609
PELL LAKE, WI 53157**

TOWN OF BLOOMFIELD COMMUNICATION

YOUR NAME	_____	COMPLAINT	<input type="checkbox"/>
YOUR ADDRESS	_____	SUGGESTION	<input type="checkbox"/>
YOUR PHONE #	_____	COMMENT	<input type="checkbox"/>
TODAY'S DATE	_____	INFORMATION	<input type="checkbox"/>

**MUST FILL IN DATA ABOVE
NAMES WILL BE CONFIDENTIAL**

SUBJECT MATTER _____
DESCRIBE _____

ATTACHMENTS YES _____ NO _____

RECEIVED BY: _____ DATE: _____

FOR TOWN USE ONLY

REFERRED TO: _____ DATE: _____

RESOLVED BY: _____

ACTION TAKEN _____

