

**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 \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

ATTACHMENTS                      YES \_\_\_\_\_ NO \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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**FOR TOWN USE ONLY**

REFERRED TO: \_\_\_\_\_ DATE: \_\_\_\_\_

RESOLVED BY: \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_  
\_\_\_\_\_  
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