



# Town of Pownal Complaint Form

You may remain anonymous – Skip to the Check all that apply

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Check all that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Animal Control | <input type="checkbox"/> Assessing                | <input type="checkbox"/> Board(s) +/-or Committee(s) |
| <input type="checkbox"/> Cemeteries     | <input type="checkbox"/> Code Enforcement         | <input type="checkbox"/> Employee                    |
| <input type="checkbox"/> Mail Box       | <input type="checkbox"/> Motor Vehicle            | <input type="checkbox"/> Streets                     |
| <input type="checkbox"/> Taxes          | <input type="checkbox"/> Trash/ Recycling Pick Up | <input type="checkbox"/> Other: _____                |

Please provide a brief summary:

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Please return completed form to the Town Office.