



Township of Augusta

COMPLAINT / SERVICE REQUEST

DATE: _____

TIME: _____ a.m. / p.m.

NAME (of Complainant): _____

ADDRESS: _____

PHONE: _____

BUS: _____

NATURE OF REQUEST or COMPLAINT:

REFERRED TO: _____

COMPLAINT TAKEN BY: _____

DATE: _____

TIME: _____ a.m. / p.m.

ACTION TAKEN:

RATEPAYER NOTIFIED: YES NO

DATE COMPLETED: _____

FOLLOW UP REQUIRED: YES NO

ACTION COMPLETED BY: _____

(Signature)

(Print Name)