



CITY OF PINE LAWN

Terry Epps
MAYOR

CITY ADMINISTRATOR

Victoria Stevenson
CITY CLERK

CITY OF PINE LAWN COMMENT / COMPLAINT FORM

DATE: ____/____/____

Residential

Non-Residential

Request made via: Phone

In Person

E-mail

Fax

NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

RETURN PHONE: _____ ALTERNATE PHONE: _____

COMPLAINT/COMMENT: _____

TIME: _____ A.M. P.M. Would you like to remain anonymous? Yes No

City of Pine Lawn Use Only:

FOLLOW UP PROCESS:

DATE: ____/____/____ City Worker and Department: _____

Follow Up Phone Call: DATE: ____/____/____ DATE: ____/____/____

Pending Completed DATE Completed: ____/____/____

If pending, why? _____

Give to Mayor once job is completed. You may use the back side for additional space.

CITY HALL • 6250 STEVE MARRE • PINE LAWN, MISSOURI 63121 • OFFICE (314) 261-5500 • FAX (314) 261-4412

“COMMUNITY FIRST”

Equal Opportunity Employer