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