City of Johnstown

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Johnstown, New York 12095
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www.cityofjohnstown.ny.gov

CITIZEN REQUEST – COMPLAINT FORM

Name: _____ Date: _____

Address: _____ Phone: _____

_____

Type of Complaint/Request:

☐ Potholes/Patching	☐ Garbage	☐ Signs	☐ Water	☐ Code Issues
☐ Streets	☐ Brush	☐ Shoulders	☐ Sewer	☐ Blight
☐ Curbing	☐ Tree work	☐ Sidewalk	☐ Storm water	☐ Personnel
☐ Guiderails	☐ Bridges			☐ Other:

Details of Complaint/Request:

_____

_____

_____

_____

Please do not write below this line

~ OFFICE USE ONLY ~

Received by:
Name: _____ Date: _____ Time: _____

☐ Email ☐ Phone ☐ U.S. Mail ☐ In person

Referred to:
Name: _____ Department: _____

Recommendation / Action Taken:

_____

_____

_____

_____

Report made back to Resident/Complainant: ☐ Yes, on _____ ☐ No

Signature: _____