

**CITY OF BLOOMFIELD
COMPLAINT/REQUEST FORM**

Today's Date _____

Submit To:

City of Bloomfield

Mayor

Police

Public Work

Bloomfield Water Company

Mayor

Public Works

Complainant/Requestor:

Name _____

Address _____

Phone # _____

Date of Occurance _____ Time _____

Location _____

Complaint/Request:

Signature _____

Received by _____

Action Response _____

Date _____ Signed _____