TOWN OF MONTROSE
COMPLAINT FORM
1341 Diane Avenue, Belleville WI 53508
608-424-3848 Office/Fax
www.townofmontrose.com
montrose@chorus.net

Please print clearly and provide specifics regarding your complaint. Please attach additional information to form. Sign and date form.

Name: _____ Address: _____

Best phone number where you can be reached: _____ Email: _____

Location of Complaint: _____

Complaint (Be specific): _____

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OFFICE USE ONLY (Do not write in the space below)

Date Received: _____ Agenda Item: Yes No Agenda Date: _____

Recommendation: