

**CITY OF MOMENCE
29 North Dixie Hwy.
Momence, IL 60954**

CITIZEN CONCERN/COMPLAINT FORM

RESIDENT INFORMATION:

DATE _____

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE # _____ CELL PHONE # _____ WORK PHONE # _____

EMAIL ADDRESS _____

DEPARTMENT THAT CONCERN/COMPLAINT PERTAINS TO:

Budget/Finance	Local Improvements
Ordinance/Zoning	Police
Streets & Alleys	Water & Sewer

CONCERN OR COMPLAINT:

HOW THIS ISSUE WAS RESOLVED:

DATE _____

I understand this form will be presented at the next regular Momence City Council meeting for the Council to address.

Resident Signature _____ Date _____

Resolved by: _____ Date _____